VS A15

The correct age

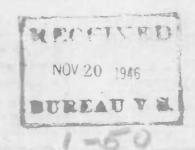
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9200

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland county Washington  City or town Hagerstown (If outside city or town limita, write RURAL and give nearest town) Hill Crest Home, Northern Ave.  (If rural, give LOCATION)		
		Itution?		Outrie	2.(a) If veteran, name war		
3. (a) FULL N	AME	Mary	Lando	n Alexander	and the same of th	3. (b) Social Security None	Number
4. Sex	5.	Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female		White			20. DATE OF DEATH HOMELUSON 10 46 at - P.		
				Alexander  c) If allve, give ageyears  1861	21. I CERTIFY that death occurred on the date about 19.	42, 10. I	16 19 4 6 19 4 6
8. AGE:	Years	Months	Days	If less than one day	Immediate cause of death Chronic Sud	alendities	DURATION
	85	2	19	hrs,min.	artorio · de	Kerosio	
1D. Usual occupa	9. Birthplace Fredericksburg, Va.  (Town, county, and atute)  10. Usual occupation Retired  11. Industry or business  12. Name Dr. Augustine S. Mason				Due to		
13. Birthplac	S1	tafford	. Co.	Virginia	(Include pregnency within 3)	***************************************	
2 15. Birthplac	ame Ma	ary McI irfax C	ntire	Eliason rginia	Maior Saline of annuling Work		
					Antapsy results	P. 4 . 4 . 4 . 11 1 4	
Address Hagerstown, Maryland  17 Burial (Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)				11-18-46 (month) (day) (year)	22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	rses, fill in the following;	
Cemetery or crematory Rose Hill Cemetery					Where did injury occur?(City or town)		
Location Hagerstown, Maryland					Injured at home, farm, Industry, public place (w		
18. Funeral direc	torC	. M. St	iter &	Sons	Means of Injury	injured at work?	
-7.	,	stown,	//c	and assess, Registrar	7: 23. SIGNATURE	:31	1111111111

Address.....



1. PLACE OF DEATH:

FOR BINDING

ARGIN RESERVED

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

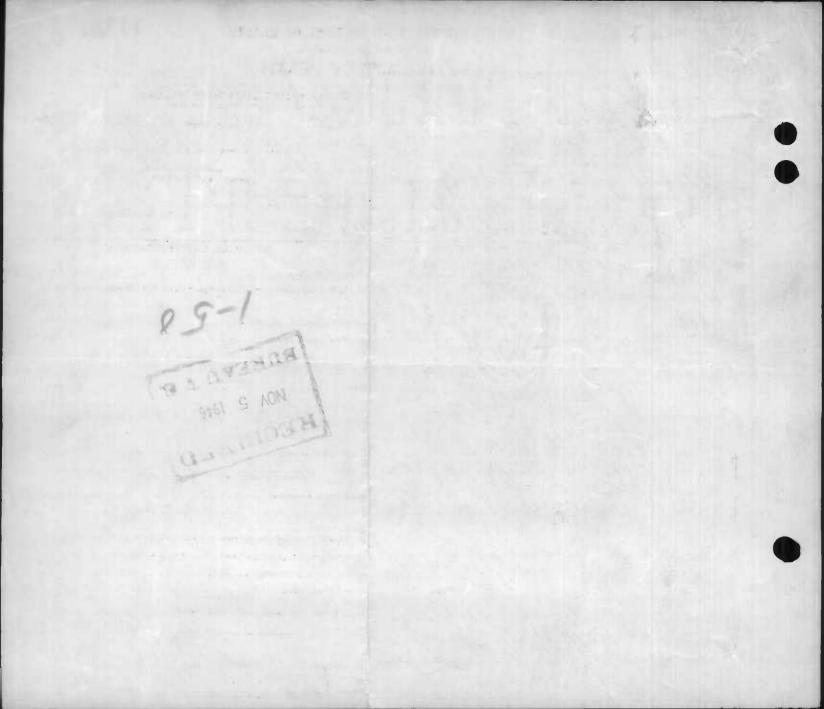
2. USUAL RESIDENCE (HOME) OF DECEASED:

# 1337

# CERTIFICATE OF DEATH

teg. Dist. No. 302

County	State MARY AND County WASHING TON  City or town (If outside city or town limits, write RURAL and give nearest town)  Streel No. 42 No. 60 UST STREET  (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veleran, name war. NON - VET:
3. (a) FULL NAME	3. (b) Social Security Number 2/4-09-7033
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE DF DEATH
8.(b) Namo of husband or wite SARAH ETHEL WOLFINGER	21. I CERTIFY that death occurred on the date shows slaled; that I attended deceased from
	and that I last saw b
7. Birth dale of deceased (mo., day, yr.) AUGUST, 18, 1888	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Ammediale Cause of death
58 2 14nin.	Thrombosis first dorsal metatarsal
9. Birthplace. CHARLESTOWN W. VA.  (Town, county, and state)	Due to artery July'46
10. Usual occupation MONOTYPE OPERATOR	Due to acute coronary thrombosis 20hr
11. Industry or business PRINTING	
E 12. Name JESSE E. BAILEY	Dther conditions
13. Birthplace MARTINS BORG W. VA.	(Include pregnancy within 8 months of death)
E 14. Maiden name HLCE E. MUNSINGER	Major fiediogs of operations
14. Malden name 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dale of op.
16 Informant & & thele Bailey	Autopsy results.
41/0+	PHYSICIAN: Please uoderline the cause to which death should be charged statistically.
Address 4/2 N. docust Vol.	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17. (Burial, cremation, or removal, Which?)  Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Duce blood	Where did Injury occur?
Cemetery or stemstory	
Location Tago Court	Injured at home, tarm, industry, public place (where?)
18. Funeral directo Woodford J. Morsmanl	Means of Injury Injured at work?
Address Hagerstown me	23 SIGNATURE & Wohes & Wello In D,
" nov. 3. Uh Steath Bower	M D or other
(Date rec'd by registrar) Registrar	Hagerstown, Md. Nov/3/46



# WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83.2

# CERTIFICATE OF DEATH

Reg. Diat. No. 316

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Manuface County Understanding County (If outside city or fown limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Ses   5. Color or race   S. (a) Single, married, widowed, or divorced  Male   Married    8. (b) Name of husband or wife	MEDICAL CERTIFICATION  2D. DAYE OF DEATH.  28'  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 46, 10. 25. 25''  19. 46		
7. Birth date of deceased (mo., day, yr.) October 29 - 1878  8. AGE: Years Monthe Days If less than one day 0 29	and that I last saw h. Gram alive on had. 3 F. 19 K. 6  Immediate cause of death DURATION  The Land Control Thereof Long House		
8. Birthplace Keedswille Wash. Co. Ind.  10. Ueual occupation Armor.  11. Industry or business  12. Name Sange Co. (Sabar.  13. Birthplace Keedswille Wash. Co. Md.	Due to		
14. Maiden name. Salah Cristvell  15. Birthplace Keedspielle Wash. Co. Mt  16. Informant Mas. Sabida Baker.  Address Keedspielle Md.	(Include pregnancy within 3 months of death)  Major findings of operations		
17. Surial	Accident, suicide, or homicide		
19. Nov. 38 19 46 RAP Decting	23. SIGNATURE M. D. or other  M. D. or other  Address Date eleged 11/20/4 (c.		

DEC 2 1916

1-50

	E OF DEATH  Reg. Dist. No	020	
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Stafe		
How long in above place of death?  Hospital, Institution, or street address where death occurred:  Was Lington County Hospital  How long in hospital or institution?  2 day 5	Street No	est town)	
Phillip G. Bishop	2.(a) If veteran, name war	umber	
Sex   5. Color or rade   6.(a) Single. married, widowed, or divorced	MEDICAL CERTIFICATION Nov 16 46 4	4:32P	
(6) Name of husband or wife May Resecca Robey Bishop  6.(c) If alive, give age 6.8 years	21. I CERTIFY that death occurred on the date above stafed: that I attended deceas  Nov.1.5/46	519	
deceased (mo., day, yr.)   August 13   87	Immediate cause of death	OURATION yr.	
9. Birthplace Washington Co. Md. (Town. county, and state)	Oue fo. coronary occlusion	3mo	
1. Industry or business  1. Industry or business	Oue to acute ventricular Bibrillat Other conditions	Lion	
14. Malden name Julia Wise	(Include pregnancy within 8 months of death)  Major findings of eperations		
15. 9 Irthplace Washington Co. Md.  16. Informant Catherine Bishop  Address Hancock Routatt	Antopsy results	atistically.	
(Burial, cremation, or removal, Which?)  Date thereof Nov. 20 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	***************************************	
Cometery or crematery Mt. Olivet Iresbyterian  Location Route 40 - West of Hancock	Where did injury occur?	(State)	
18. Funeral director Charles K. Bast Address Hancock Md. 19 POUL 18, 19 46 Bhss/ Bowery	23. SIGNATURE Pohord Welly M. D.	D.	

Registrar

PLEASE WRITE PLAINLY,

(Date rec'd by registrar)

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2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn Infants give residence of mother)

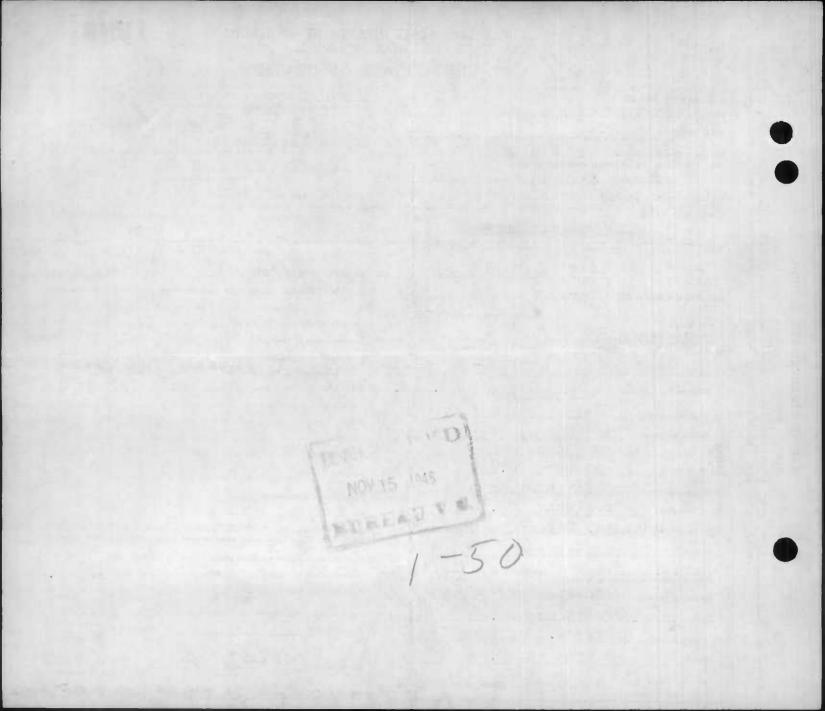
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75			302	1
D.	or Dist	- No	. 18 3 /	6 3

B	4	ghl	and way
How long In hospital or			
3. (a) FULL NAMI			
	WALTER B	LOCHE	R e, married, widowed, or divorce
4. Sex		100	
Male	White	23	ngle
6.(b) Name of husband	or wife		
6.(0) Name of musbane		e (	e) If alive, give age
7. Birth date of	Annuin or t		
deceased (mo., day, y	,	Days	
57	4	4	hrs.
13. Birthplace	Isaac Blo Frostsbu Sophia	irg M	
al 13. Birtinpiace	nes F. W	leon	
16. Informant			
Address H			eof 11/14/46 (month) (day) (
Address H	or removal. Which?)		
17 Burial	or removal. Which?) Johnson		
17 Burial	Johnson	ns Ce	metery
t7 Burial (Burial, cremation Cemetery or cremator	Johnson Frostsk	urg	metery Md.

1. PLACE OF DEATH:

MARGIN RESERVED FOR BINDING

State Count	y Pasiling Lon
City or town Hagerstown (If outside city or town limits,	write RURAL and give nearest town)
	Vay
(lf rural, give I	OCATION) C,
2.(a) If veteran, name war.	Tar #15)
	3. (b) Social Security Number
	Nope
MEDICAL CE	RTIFIGATION 12 might
20. DATE OF DEATH NOO 1 11	1646at
21. I CERTIFY that death occurred on the date above	
	to t9
and that I last saw halive on	10
Immediate cause of death	DURATION
arule alestrol	a horosis
Due fo	
***************************************	
Dus to	
***************************************	
Other conditions	
(Include pregnancy within 8 m	onths of death)
Major findings of operations	
	Date of op
Autopsy results	
PHYSICIAN: Please underline the cause to whi	
22. VIOLENCE: If death was due to external cause	es, fill in the tollowing;
Accident, suicide, or homicide	Date of
Where did Injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (who	ere?)
Meane of Injury	Injured at work?
0/10/1	DEPUTY MEDICAL EXAM.
23 SIGNER Kine Well	WASH, CO., MD.
Disease T.	hed mid 12/4
	W C



2411 N. Charles St., Baltimore 93-2

× 1134

## CERTIFICATE OF DEATH

Pag Diet No 302 0

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants givo residence of mother)		
Hagerstown	State Maryland couety Washington		
City or town	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
Hospital, institution, or street address where death occurred: Washington County Hospital	Street No. 126 Rand olph Avenue		
How long In hospital or Institution? 3 Weeks	2.(a) If veteran, name war		
3.(a) FULL NAME	3. (b) Social Security Number ;		
John Howard Bombers			
4. Sex   S. Color or race   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH NOV. 3, 1946 191:05, P. N		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8.(b) Nams of husband or wife	april 22 1844 10 NOV3 1946		
7. Birth date of Dec . 1, 1888	and that I last saw hat alive on how is a saw hat a saw		
gecessed (mo., usy, yr.)	Immediaio gause of death		
8. AGE: Years Months Days If less than one day	My perlessive Cordio		
hrsmin.	vosular placase		
9. Birthplace Washington County Md. (Town, county, and state)	Due 10		
10. Usuat occupation Retired Fire Truck Driver			
	Due to		
11. Industry or business    12. Name Henry Bomberger	wordy Thrombour Pully4		
12. Name Wash. Co., Md.	Uther conditions.		
E 14. Malden name Clara Reynolds	(Include pregnancy within 3 months of death)		
14. Malden name Clara Reynolds 15. Birthplace Wash. Co., Md.  16. Informant Mrs. Florence E. Bomberger	Majur findings of operations.		
El 15. Birthplace Wa Sile Oue, Ind.	Date of ou		
16. Informant Mrs. Florence E. Bomberger	Antopsy resulted with the cause to which death should be charged statistically.		
Address 126 Randolph Ave Hagerstown, I	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Burial (Burial, eremation, or removal, Which?)  (Burial, eremation, or removal, Which?)  (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide		
(Burial, eremation, or remaval. Which?) (munth) (day) (year)			
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?		
Location Hagerstown, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Fred W. Kraiss	Msans of Injury tnjured at work?		
Address Hagerstown, Md.	Jedney hoverster mo		
Roverstan 6 19 46 Charftowers	23. SIGNATURE. M. D. ur other		
(Dato rec'd by registrar)  Registrar	Address Julistan nd Date signed 1/- 4-46		

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly

important.

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correct age

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WRITE PLAINLY, is especially

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

# CERTIFICATE OF DEATH

11342 Reg. Dist. No. 2.3.3.

1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants, give residence of mother)
County CO GAMMA TO	State Maryland county Washington
(If our de city or town limits, write RURAL and give nearest town)	(Record - to hate
How long in above place of death?	City or town
Hospital, Institution or street address where death occurred:	Street No.
	(If rural, give LOCATION)  2.(a) If veteran, name war
How long in hospital or institution.	
3. (a) FULL NAME	3. (b) Social Security Number NONE
TANNIE VYTTACK DO	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Temale While Widowed	20. DATE DF DEATH. 18 46 31 72 M
6.(b) Name of hueband or wifer Frank Bowers	21. I CERTIFY that geath occurred on the date above etated; that I attended deceased from
	Jan 1946
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) January 9	Immediate cause of death
10 0 17	Carcinoma 7 13 1743 2.3
67 9 1/hrsmin.	J. Hall S.
9. Birthplace	Due to
10. Usual occupation Housewife	
//	Due to.
11. Industry or business	41
12. Name	Dther conditions.
13. Birthplace Markettery	(Include pregnancy within 3 months of death)
= 14. Maiden name	Major findings of operations.
E 15. Birthplace I unkslow, Ma	
16. Interment Mrs. Chester Hertle	Aotopsy results.
Address 1 66 Stager St. Hag md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof Nov. 18, 1940	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or country	Where did injury occur?
Location Hagerstown, and	Injured at home, tarm, industry, public place (where?)
(1) ) Absusent	Means of Injury Injured 2t work?
18. Funeral director	The Success
Address / Pago Colores, Price.	23. SIGNATURE
19. nor 2 ste 18 46 South Fact 2 1	A. D. MILLER
(Date rec'd by registrar)	Address 131 V. WASHINGTON, ST. Bate signed 7 1966

HAGERSTOWN N

131 W washington &

RECUIVED

DEC 6 1946

BUREAU V B.

2-3030 - 2-10

VS A15

Dr Bridges

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 46.6)



# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newboyn infants give residence of mother)
2/ 1/ 0/	state In a goody Washington
City or town	Dealed ald
How long in above place of death?35.	(If on feide city or town limits, write RURAL and give nearest town)
Hospital, institution, or atreet address where reath occurred:	Street No.
A- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(If rural, give LOCATION)
How long In hespital or institution?	2.(a) li veteran, name war
3. (a) FULL NAME mary Ellen Brow	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemale W married	20. DATE OF DEATH 200 4 10.46, 21.9 PM
6(6) Name of husband or wife William R Brown	21. I CERTIFY that death occurred so the date above atated; that I attended deceased from
6.(c) if alive, give age 6.5 years	10-10-18-30,10-11-5-18-46
7. Birth date of deceased (mo., day, yr.) Let 31 1883	and that I last aaw handlive en
8. AGE: Yeara   Months   Days   ti lesa than one day	Immediais caused death DURATION
62 10 5nrsmin.	
9. Birthplace May Messon Ja (Town, county, and state)	Due to
10. Usual occupation House Wife	***************************************
11. Industry or business	Dua to
~!	Au uni
12. Name Alliam Wingert  13. Birthplace Lamo	Dther conditiona
es V 4 16	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace	Date of op.
16. Informant William & Brown	Autopsy results
Address Highlield Md	PHYSICIAN: Please underline the caose to which death shootd he charged statistically.
10	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Int Colivet Cornetary	Where did injury occur?
Location / famoyer Lenna	Injured at home, farm, industry, public place (where?)
18. Funeral director, Walter & Grove	Maana ot Injury tnjured at work?
Address Wayneston Sa	No Consolars
11-5-1 11 9 11-9	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	salle hilge Surreit Date signed 11-7-46



2411 N. Charles St., Baltimore /3/-0)



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			3	1	20	
Reg.	Dist.	No.	V			-

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
County	state Maryland county Washington		
City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town)	Hagerstown		
How long in above place of death? 30 years	(II outside city or town limits, write KOKAL and give nearest town)		
Washington County Hospital	Street No. 105 Madison Avenue		
How long in hospital or institution?	2.(a) if veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Giovanni Cefali	705-10-6242		
4. Ssz   5. Color or race   6.(4)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
	20 DAYE DE DEATH 26 AVV 10 ER TIPICATION		
Male White Widower	AU, DATE OF BEATH.		
6.(b) Name of husband or wife Not Known	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	20 Mm 46 19 10 21 Mm 19 98		
7. Birth date of deceased (mo., day, yr.) February 29, 1879	and that I last saw h. A alive on		
8. AGE: Years   Months   Days   If less than one day	Immediajecture of death C-U-P CLOSER (MARCH		
67 8 23hrsmin.	11716711 20071 111		
Italy	Bush		
9. Birthplace	uue to		
10. Usual occupation. Retired Trackman	Bus to		
11. Industry or business W. M. R.R. Co.	045 (6		
	Dther conditions.		
12. Name Not Known  13. Birthplace Italy			
# Mad Tracking	(Include pregnancy within 3 months of death)		
14. Maiden name NOV ARTOWN 15. Birthplace Italy	Major findings of operations		
El 15. Birthplace LUZLy	Date of op.		
18. Informant Michael Farrie	Autopsy results		
Address Hagerstown, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial (Burial, cremation, or removal, Which?)  Date thereof. 11-26-46 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Washington County Home	Where did Injury occur?		
Location Hagerstown, Maryland	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director. C. M. Suter & Sons	Means of Injury Injured at work?		
Address Hagerstown, Maryland	of A pushy		
" Nov. 26 . 46 Charte Bowers	23. SIGNATURE		
19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	address 2 31 Who was Date signed 24 May 90		



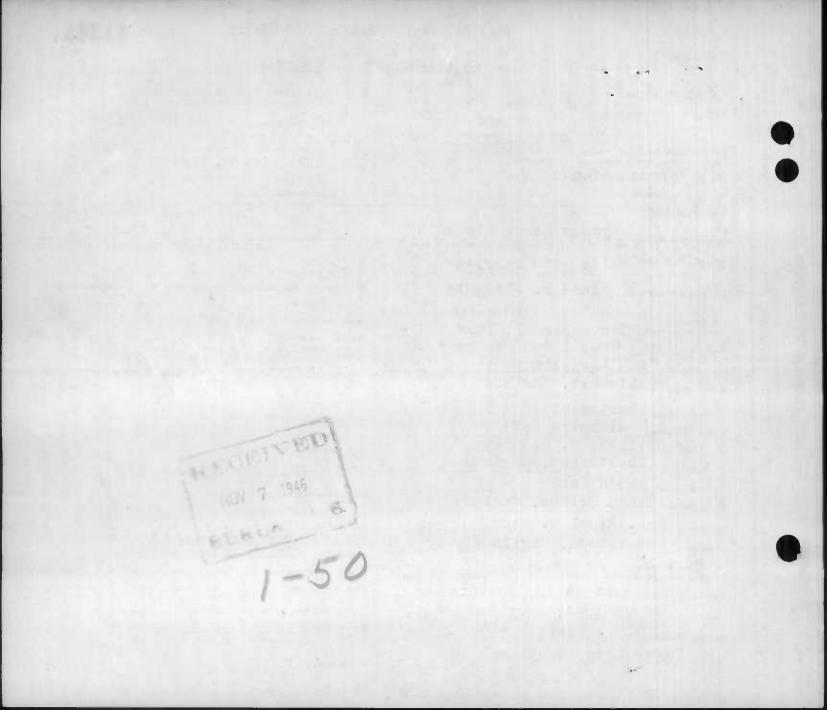
2411 N. Charles St., Baltimore 95.6

× 11345

# CERTIFICATE OF DEATH

Rog. Dist. No. 3 6 2

1. PLACE OF DEATH: - Washington	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
LOUNTY	State Maryland County Washington		
City or town Hagerstown, Maryland (If outside city or town imits, write RURAL and give nearest town)	Hagerstown		
How long in above place of death? 20 years	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Siree No. 619 Potomac Avenue		
619 Potomac Avenue	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Sydney March Clements	214-09-8667		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH 3 / N 19 46 21 3 P		
6.(b) Name of husband or wife Anna R. Clements	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
S.(c) If alive, give age 34 years	10t 10 46 10 3 MW 19 4		
1 7 Oleth date of	and that I last saw hard, alive on 2 MV		
deceased (mo., day, yr.) September 29, 1899	Immediaje cause af death		
8. AGE: Years Months Days If less than one day	Pheumatic Heart Wisease 30 yrs		
47 1 5hrsmin.			
9. Birthplace Cheltenham, England (Town, county, and state)	Due to		
10. Usual occupation Bartender			
A 2 2	Due to		
11. Industry of business			
William T. Clements    12. Name	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Rhoda March	Major findings of operations		
14. Maiden name Rhoda March 15. 8irthplace Kings Bridge, England	Major hadiags of operations		
18. Informant Mrs. Ethel M. Finn	Autopsy results.		
He manut away Manut and	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Oate thereof (month) (day) (year)			
Cemetery or crematory Rest Haven Cemetery	Where did injury occur?		
Location Hagerstown, Maryland	Injured at home, farm, Ladustry, public place (where?)		
18. Funeral director C. M. Suter & Sons	Means of Injury Injured at work?		
Address Hagerstown, Maryland	It I husby		
May 5 16 hearthowers.	23. SIGNATURE M. D. or other		
19. (Date rec'd by registrar) Registrar	Address 2 30 W for Tomes Date signed 4 MW 46		



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 48-01

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Rog. Dist. No. 302 0

County	City or town  Street No.  (Ror name war.  (For newborn infants give residence of mother)  County Cou
3. (a) FULL NAME Nellie Collins	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Temale Regro Married	20. DATE OF DEATH 770. 3 19.46 at 9:45 PM
8.(b) Name of husband or wife Namel S. Callins  8.(c) If alive, give age 70 yeare  7. Birth date of deceased (mo., day, yr.)  4. Anne 23 1906	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from February 9, 1946 19 to Nov. 3, 19 46 and that I last eaw h. er. alive on November 2, 1946 19
8. AGE: Years Months Days If lese than one day  5 //hremin.	Carcinoma of urinary bladder and pelvis 11 mos.
9. Birthplace	Oue to Carcinoma of cervix undetermin
11. Industry or business    12. Name	Other conditions.  (Include pregnancy within 3 months of death)  Major findiags of operations. Carcinoms. of cervix with stension to urinary bladder. Date of op4/9/46 Dr.
18. Informant Daniel S. Callins Address 47 W. Charles Street	Actopsy results
17. Burling Bate thereof (Month) (day) (year)  Cemetery or crematory. Hase Hill Cemetery	Accident, suicide, or homicide
Location Hagerstown ml.	(City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
18. Funeral director Harlingson H. Dawney	Meens of injury injured at work?
19 November 619 46 Jo Ray Hours, (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D.  M. D.  M. D.  M. D. or other  Address 148 W. Washington St., Date signed 11/5/46

NOV 8 1945 1-50



(If rurai, give LOCATION)

3. (b) Social Security Number

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from DURATION (Include pregnancy within 8 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Date of No.V. 12'46

Wash

(County) (State) S. Prospect

Injured at work? no

ASH, CO., MD.

Mate signed NOW.



#### CEPTIFICATE OF DEATH

3010

			CERTIFICA	IE OF DEATH	Reg. Dist. No.	
1. PLACE OF DEA	TH: Wash:	ington	1	2. USUAL RESIDENCE (HOME) (For newborn infants give residence		
Tilehmenton, Maryland			ryland	state Maryland	County Washington	
City or 10wn. Tilghmanton, Maryland (If outside city or town limits, write RURAL and give nearest town)						
How long in above place of death? Life		City or town Milghmenton (If outside city or town limits, write RURAL and give nearest town)				
			yland	Street No		
How fong in hospital or I	ASTRIUTION?		······································	2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security Number	
			nia Davis		None	
4. Sex	5. Color or race	1000	, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White	Ma	rried	20. DATE OF DEATH.	73 1846 11 //	
6.(b) Name of husband o	Edwar	d L.	Davis	21. I CERTIFY that death occurred on the date		
6.(b) Name of husband or	wite		81	1 / / / 2		
7. Birth date of			) If alive, give ageyears	and that I last saw h langite on	10 VA 2 3 1941	
deceased (mo., day, yr.	Septemb	er o,	1800	Immediate cause of death one le	OUBATION	
8. AGE: Years	Months	Oays	It less than ooe day	Plo		
80	2	17	hrsmin.			
a Richaloca Til	ghmanton	Was	h. Co. Md.	Due to.	V	
9. Birthplace Tilghmenton, Wash. Co. Md.  (Town, county, and state)  10. Usual occupation Housewife						
10. Usual occupation	Housew	ile		Oue 10		
11. Industry or business						
当 12. Name J.O.S	meh Rohr	er	***************************************	Dther conditions		
12. Name Jospeh Rohrer 13. Birthplace Tilghmanton, Maryland			ryland			
<b>X</b>	Susan Pa	lmer		(Include pregnancy within		
14. Maiden name	Tilchma	nton	Maryland	Major findings of operations		
≥ 15. Birthplace					Date of op	
16. Informant. Cha	rles W.	Davis	<b>3</b>	Autopsy results	o which death should be charged statistically.	
Address Tilghmanton, Maryland			rland			
17 Burial (Burial, cremation, or removal, Which?)  Oate thereof 11-27-46 (month) (day) (year)		22. VIOLENCE: 11 death was due to external				
(Burial, cremation,	or removal. Which?)	Vale inere	(month) (day) (year)		Date of	
Cemetery or crematory Manor Cemetery			ery	Where did Injury occur?(City or tow	vn) (County) (State)	
Location	ilghmant	on.	aryland	Injured at home, farm, Industry, public place	e (where?)	
18. Funeral director	I II Suf	er &	Sons	Masna of Injury	Injured at work?	
18. Funeral director	a marka	Nia-	lowd	1/1/	//	
Address H8	agerstown	i, Mai	yrand	23. SIGNATURE ( , )	Joung 1	
Mir	26 1946	6	as Minations	23. 310114111111111111111111111111111111111	A.D. or other	
(Date rec'd by regi	strar)		Registrar	Address Willi aust	of lun gate signed / / Colf	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

WRITE

PLEASE

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding in specially important. Physicians: please write the causes of death clearly and legibly.

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VS, A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-7

# CERTIFICATE OF DEATH

11350 Reg. Diat. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County	State Maryand County Washington
City or towo	Ofte Blastan 1
How long in above place of death?	(If outside city or town limits, waite RUPAL and give nearest town)
Hospital, Institution, or street address where death accounted:  322 W. Wilson Blood.	Street No. 322 W. Wilson Blvd.
	(If rural, give LOCATION)  2.(a) It veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
IDA H. DOWN	
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Temase While Widowed	20. DATE DF DEATH. 200 6 - 1946 at 19.
Charles Frederick	21. I CERTIFY the death securred on the date above etated; that I attended deceased from
6.(b) Name of hueband or wife.	Jel - 46/2 10 Mars 6 1846
7. Birth date of T. Sirth date of T. Sir	and that I last saw harmalive on Mod 4-46 18
deceased (mo., day, yr.) 3-00. 22, 1816	Immediate cause of death
8. AGE: Years Monthe Days It less than one day	
10 0 17hrsmin.	Carron
9. Birthplace Hagerslown, Washington, Md.	Due to
(Town, sounty, and state)	Money
1D. Usual occupation.	Due to
11. Industry or businese	
E 12. Name Courad Ourger	Other conditions
13. Birthpiace Germany	(Include pregnancy within 3 months of death)
14. Maiden name Dorothea Kalbskopf	
15. Birthplace Germany	Major findings of operations.
20 · 1 0 1 0 0 · 4	Date of op.
16. Informant Elizabether Downster Sittle bright	Autopsy results
Address 322 W. Wilson Blud.	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17 Burial Date thereof Hov. 8,1946	Accident, eulcide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or erometory	Where did injury occur?
Location Hagnelown, My	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. J. Horment	Maene of Injury Injured at work?
Harristen Jast	1910 #
Address / Page Color / Plane of	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) (Date rec'd by registrar) (Registrar	add Date signed 1/7/46
(Date rec'd by registrar) Registrar	11 Add Page Signed

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2411 N. Charles St., Baltimore 400

11351

# CERTIFICATE OF DEATH

Reg. Diat. No. 3020

1. PLACE OF DEATH:  County Vashington  City or town Hagers town  City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital institution, or street address where death occurred:  Washington County Hospital  How long in hospital or institution?  3 Weeks	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m  State 2. Tyland Couo City or town (If outside city or town limits.  Street No. 501 504 50 (If rurat, give 1  2.(a) If veteran, name war None	other)  ty Mashington  write RURAL and give nearest  OMACESTIES	town)
3. (a) FULL NAME		3. (b) Social Security Num	ber
Mrs. Mabel Dale Earley		None	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Fenale White larried	20. DATE OF DEATH	15, 19.46	7 P
6.(b) Name of husband or wite. Charles  Charles  6.(c) If alive, give age. 97  7. Birth date of	21. I CERTIFY thetydeath occurred on the date abov		195 C
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death		DURATION
65 0 9min.			
S. Birthplace	Due 10		32
E 14. Maiden name Lila V. Smith	Major findings of operations		
15. Birthplace Sharpsburg Md.		Date of op	
16. Informant Mrs Myra Kefauver	Autopsy results	ch death should be charged statis	sticatly.
Address Hagerstown Md.  17. Burial Date thereof 11/19746 (month) (day) (year)  Cemetery or crematory Rose Hill Cemetery	22. VIOLENCE: 11 death was due to external caus Accident, suicide, or homicide	es, 1iil in the following:	
Location Hazerstown Md.	Injured at home, farm, industry, public place (wh	ere?)	
18. Funeral director. Andrew K. Cof nan  Address Hagerstown Md.	Means of Injury  /23. SIGNATURE	tnjured at work?	ther
19. (Date rec'd by recistrar)  (Date rec'd by recistrar)  Registrar	Address Hezerstins	My Date signed //	,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore 93

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### CERTIFICATE OF DEATH

er. Dist. No. 30 2

1. PLACE OF DEATH: Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Washington		
City er town Hagers town (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Washington		
Hew leng in abeve place of death? 3. Weeks	City er tewn Hagerstown (if outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, er streef address where death occurred:	Street No. 433 Salem Avenue		
	(If rural, give LOCATION)		
Hew leng in hespital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Mary E. Eyler	3. (b) Social Security Number None		
4. Sex   5. Color er race   6.(a) Single, married, widowed, er divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE DE DEATH. Nov. 12 1946 1630 M		
6.(b) Name of husband or wife Samuel T. Eyler	21. I CERTIFY that death eccurred on the date above stated; that I attended deceased from October 16		
7. Birth date ef 7. 7. 7. 7. 9. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	and that I last saw h Gr alive on Noo 9 19 76		
deceased (me., day, yr.) June II, 1801	Immediate cause of death DURATION		
8. AGE: Years Months Days It less than one day			
65 5 1hrsmin.	Caronary Granham 10 d.		
9. Birthplace Detour, Md. (Town, county, and state)	Chr. Imporardeles 2 420		
1D. Usual eccupation	Due fe.		
La Chas. E. Stambaugh	Calladal Thyroise 10 yrs		
13. Birthplace Md.	Dther cendillens		
14. Malden name unknown  S 15. Birthplace	(Include pregnancy within 8 months of death)		
14. maiden name	Major findings of operations None		
≥ 15. Birthplace	Dafe of ep.		
16. Infermant Mrs. Margaret Richardson	Autopsy results. None		
Address 433 Salem Avenue, Hagerstown, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due te external causes, fill in tha tellowing;		
17 Burial Date thereef NOV. 16. 1946 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematery Rocky Hill Cemetery	Where did Injury eccur?		
Lecation Near Woodsboro, Md.	Injured af heme, farm, industry, public place (where?)		
18. Funeral directer C.O. Fuss & Son	Means of injury injured at work?		
Tanoutown Md	1610 × 11+000 2.0		
nov. 14 46 Chastleniers	23. SIGNATURE Hagerstown, Md		
(Date rec'd by registrar)  Registrar	Address Date signed 11/12/46.		

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ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

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PLEASE WRITE PLAINLY, is especially

1. PLACE OF DEATH:

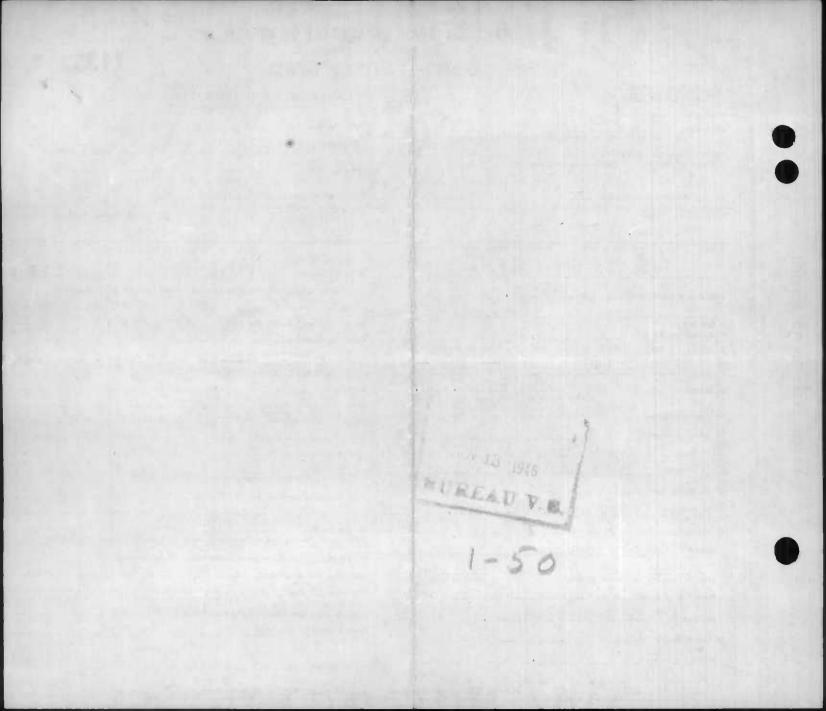
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Telas

2. USUAL RESIDENCE (HOME) OF DECEASED:

# CERTIFICATE OF DEATH

county Washington	(For newborn infants give residence of mother)			
City or town Hagers town R 4  (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Washington			
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?				
Broadfording Road	Street No. Broadfording Road			
	(If rural, give LOCATION)  2.(a) If veteran, name war. NONE			
How long in hospital or institution?	U Company of the Comp			
3. (a) FULL NAME	3. (b) Social Security Number			
MRS. LOUISE JOHNSON FLOOK	None			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Fenale White Larried	20. DATE OF DEATH. November 8 19 6 at 10 P.			
6,(b) Name of husband or wile Daniel W.	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from			
6.(e) If alive, give age 75 years	Left - 4196 10 / 10 A - 1946			
7. Birth date of	and that I last saw have alive on 19			
deceased (mo., day, yr.) June 14, 1872	Immediate cause of death			
8. AGE: Years Months Days If tess than one day				
74 4 24hrsmin.	Cha. My reacht 642			
9. Birthplace Rockdele Washington Co. 11da (Town, county, and state)	Oue to.			
10. Usual occupation Housewife				
A TT	Oue to Transmin And J. Occidental falls - 5 who			
	Cul P			
E 12. Name Richard Johnson	Other conditions			
≤ 13. Birthplace Rockdale, laryland	(Include pregnancy within 3 months of death)			
14 Malden name Sarah Ditto				
14. Malden name Sarah Ditto 15. Birthplace Rockdale, Maryland.	Major findings of operations			
21 15. Birinplace ILOGA CALE, ANDLY LATICE.	Oate of op			
16. Informant Paul Flook	Autopsy results			
Address Hagerstown R#				
(2 Burial Oate thereof 11/11/46	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide. Occasiont			
(Burial, cremation, or removal. Which?)  Oats thereof. 11/11/46. (month) (day) (year)				
Cemetery or crematory Long Leadows Cemetery	Where did Injury occur?			
Location Near Harerstown Id.	Injured at home, farm, industry, public place (where?)			
	Moons of Injurpaccidental fall injured at work?			
18. Funeral director Andrew K. Goffman				
Address Hagerstown Md.	as SIGNATURE TWO SALLS			
Modela 44 the hastilinuers	23. SIGNATURE M. D. or other			
(Date rec'd by registrar)  (Date rec'd by registrar)  (Registrar)	Address Agusto My Daie signed 19/46			



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9400

### CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: County Washington				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Funkstown (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh? 45 Years			URAL and give nearest town)	State Laryland county Machine ton  City or town Funkstown  (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or stre	Street	death occurred		(If outside city or town limits, write RURAL and give nearest town)  Street No. Chestnut Street  (If rural, give LOCATION)  2.(a) If veteran, name war None		
3. (a) FULL NAME				3. (b) Social Security Number		
	OND CHA	DITE	CTHULF	174-01-3965		
	Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION		
	White		rried	20. DATE OF DEATH November 15, 19 46, 21 11A		
7 Diet data of		6.(c	Ginple Oif alive, give age 55 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.44  and that I last saw h		
deceased (mo., day, yr.)				Immediais cause of death DUBATION		
8. AGE: Years 58	Months	Days 18	If less than ons day	acute coronary occlusion such		
10. Usual occupation	ainter  hn Gimp	l.e.		Due to		
14. Maiden name	argaret	Rhoe	nizer	Major fiedings of operations		
16. Informant Mr Address Funk	·~·	a state o construit saga abda	ple	Actors results		
17 Burial (Burial, cremation, or Cemetery or crematory	removal Which?)	Date there	of 11/78/46 (month) (day) (year) Cenetery	22. VIOLENCE: If death was due to enternal causes, fill in the following;  Accident, suicide, or homicide		
Location Hage	rstown	Md		Injured at home, farm, Industry, public place (where?)		
18. Funeral directorA.D.	drew K.	Coff	man	Msans of Injury Injured at work?		
Address Ha	gerstow	n Md.		22 SIGNATURE Kaldel		
19 Nov. 18	19.46	-67	east Bowerd. Registrar	Address Macatage Dala Bate signed M. J. C. J. Y.		



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-2 CERTIFICATE OF DEATH

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D D	- A BY-	300
Kog. Di	at. No	

1. PLACE OF DE	ATH: hington			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Clears pring Rural (If outside city or town limits, write RURAL and give nearest town)				State Maryland county Washington		
How long in above place of death? Seven Days			en Days	City or town Hancock, Rural (if outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or	street address where	death occurred	:	Street No.		
***************************************			***************************************	(If rural, give LOCATION)		
How long in hospital or			***************************************	2.(c) If veteran, name war.		
3. (a) FULL NAM	E			3. (b) Social Security Number		
	TO LET HY	Nanci	e Gladhill	NONE		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	1	Vidowed	20. DATE OF DEATH 100016 19.46 of 8.450 M		
6,(b) Name of husband	. wife Harv	ev G	ladhill	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
				Oct 15, 19,46, 10 Nov 10, 1046		
7. Birth date of			r) If allve, give ageyears	and that I last saw h. L. alive on Oct 31 t 19 46		
deceased (mo., day.)			1881	Immediate onuse of death Duration		
8. AGE: Years	Months	Days	If less than one day	Chr. Endo Cardeles 2 yrs,		
6	5 2	8				
9. BirthplaceWA	shington	CO.	itate)	Due to		
10 Usual occupation	House W	ork				
				Oue to		
11. Industry or busines						
12. Name	Not Kno	w.n		Other conditions		
		41- 7	1	(Include pregnancy within 3 months of death)		
14. Maiden name.	E.L.I.Za.De.	tn5	aker	Major findings of operations.		
15. Birthplace	Washingt	on G	9.	Date of op		
			ker	Autopsy results		
				PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Clearspring, Rural				22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial (Burial, cremstion, or removal. Which?)  Date thereol. Nov. 4 1946 (month) (day) (year)				Accident, suicide, or homicide		
Cemetery or crematory Orchard Ridge Church Of Go				O dWhere did injury escur?		
Location Near Hancock Md.				Injured at home, farm, Industry, public place (where?)		
18. Funeral directorSnyder-Rowland				Means of tnjury Injured at work?		
	ncock, M			Harried (IP (ASICIPLE)		
// .			All 11) Mars	23. SIGNATURE M. D. OF CHICAGO		
19/ // /	19 7 6	XII.		Lear spring Manage signed 11/3/4/		

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940)

### CERTIFICATE OF DEATH



Reg. Dist. No. 302 ()

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State Laryland county Washington	
City or town (If outside city or town limits, write RURAL and give nearest town)	Hagerstown	
How long in above place of death? D MONTERS	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:  Washington ounty Hospital	Streef No. 264 Hager St. (If rural, give LOCATION)	
How long in hospital or institution? 5 MOS.	2.(a) If veteran, name war. None	
3. (a) FULL NAME	3. (b) Social Security Number	
Harry Gluck	314-10-0303	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Widower	20. DATE OF DEATH November 25 1946 at 9 M	
6.(b) Name of husband or wite	2t. I CERTIFY that death occurred on the dafe above stated; that I affended deceased from	
7. Birth date of 7. South date of 7. Sou	Jane 29 1846 10 20021 1846	
7. Birth date of deceased (mo., day, yr.) M.S. rch 10 1870	and that I last eaw h	
8. AGE: Years   Months   Daye   If lese than one day	Immediaire cause of death DURATION  Coronary J hrombosis 6/29/46	
76 8 11hremin.	Corelial Theonlosis 7/174	
9. Birthpiace Narks Franklin Co. pt. (Town, county, and state)	Due 10.	
(Town, county, and state)		
10. Usual occupation Salesman	Oue to	
11. Industry or buelnees D. A. Stickell & Son		
Henry Gluck  13. Birthplace Germany	Other conditions	
	(Include pregnancy within 3 months of death)	
E 14. Malden name. Anna Mans 15. Birthplace Germany	Major fiediogs of operations	
2 15. Birthplace Germany	Date of op.	
16. Intermant Ars. Blanche Maugans	Aotopsy results	
Address Maugansville Md.	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.	
17. Burial Date thereof 11/24/46 (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VtOLENCE: If death was due to external causes, fill in the following;	
	Accident, suicide, or homicide	
Cemetery or crematory Ceder Hill Cemetery	Where did injury occur?	
Greencastle Pa.	Injured at home, farm, industry, public place (where?)	
18. Funeral director Andrew K. Coffman	Meane of Injury Injured at work?	
Address Hagerstown ld.	Ith Warterfield MD.	
nos 23 46 beathbrever	23. SIGNATURE M. D. or other	
19. (Date rec'd by registrar) Registrar	Address 136 W Washington Date signed 11/29/46	

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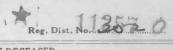
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191-2)

### CERTIFICATE OF DEATH



1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State
City or town	City or town
How long in above place of death?	
Startingtone (10 Horpital	Street No
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
C11. O. 11.	send.
Effel. Mare / aprila.	
4. Sex 5. Color or race 6.(a) Single, married fromed, or divorced	MEDICAL CERTIFICATION
Temple Mute Wednesd	2D. DATE OF DEATH November 2 10 46 at 2.38 A. W
event.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Belolin 26 1946 1 mouster 2 1846
7. Birth date of deceased (ho., vayyr.) 475 -	and that I last saw her alive on november 1 19 46
deceased (mo., vay-yr.)	Immediais cause of death
8. AGE: Years Months Days If less than one day	11,0 6 mas
71 9 7hrsmin.	Winda -
9. Birtholace. Near Leitenburg sol	Beal Impodion. 1wh.
9. Birthplace	Chronic interstitiful nephritis.
10. Usual occupation.	Due to Devention ten years. Clugo
11. Industry or business	000 10
	Other conditions
12. Name Mean be beginner	
E 13. Biringiace	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations
15. Birthplace Near Leiter bry end	Date of op.
18. Informant Maya Beradene. Budg.	Anionsy results
Right was 1 12.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address A millioning Ma. 1. Fu.	22. VIOLENCE: If death was due to external causes, till in the following;
17	Accident, suicide, or homicide
Leiter land Court	Where did injury occur?
Cemetery or cremetry	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Lacy of Hooven.	Means of Injury Injured at work?
Address Smithelene and	Call Hollan Ja 18
100 - 11 - 64 110	33. SIGNATURE M. D. or other
19. 110. 4, 1946 O BROOK TOWER	Address Bouslow - Date signed 200, 7, 46
(Date rec'd by registrar) Registrar	Address. J. W. J.

05-1 13-5951 S NOM

PLEA'SE WRITE

### M

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore #6-2

### CERTIFICATE OF DEATH

1135502 Reg. Diat. No.

County Hagerstown, Haryland City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 20 years Hospital, institution, or street address where death occurred:  111 S. Fo indry Street  How long in hospital or institution?				State No. 11 South Foundry Street  (For newborn infants give residence of mother)  State Maryland  County Washington  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No. 11 South Foundry Street  (If rural, give LOCATION)	
3. (a) FULL NAME				***************************************	2.(a) If veleran, name war
3. (a) PULL NAME		o Two:	aa II-dadaa		3. (b) Social Security Number None
4. Sex	5. Color or race	6.(a)Single	ne Heiston	rced	MEDICAL CERTIFICATION
Female	White				20, DATE DE DEATH. MEDICAL CERTIFICATION.
6.(b) Name of husband or wite Elby Heiston  6.(c) If allve, give age 65  7. Birth date of deceased (mo., day, yr.)  February 28, 1881			ton ) If alive, give age. 6 &	21. I CERTIFY that death accurred on the date about stated; that I attended deceased from  19. 10. 19  and that I last saw h alive on 19. 19. 10. 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
8. AGE: Years	Months	Dayo	It less than one day		(1) 191
65	8	9	hrs	mln.	ancientura 9 regal
	Housew		sh. Co. Mo	<b>L.</b>	Due to.
13. Birthplace F	mon Kenda unkstown	, Mar	7land		Other conditions
14. Maiden name	Kather: Filghman	ine Si ton, I	nith Maryland		(Include pregnancy within 8 months of death)  Majur Sudings of operations
16. Intermanl	Mr. Elby	y Heis	ston		Autopsy results
Address Hag	erstown.	Marv	and		PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial (Burial, cremation, or removal, Which?)  Dale thereof 11-9-46 (month) (day) (year)			of 11-9-46 (month) (day)	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide	
Cemetery or crematory Benevola Cemetery			netery	Where did Injury occur?	
Location Ben	nevola, 1	faryla	nd		Injured at home, tarm, Industry, public place (where?)
18. Funeral director C. M. Suter & Sons				Means of Injury Injured at work?	
				**************	Sto Stack y
Address Hagerstown, Maryland    Hovembar   19 4 6   Chapth Bowers     Opto ree'd by registrar   Registrar				Address Address M. D. or ower & M. O. or ower	



1-50

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

		2 650
Reg.	Dist.	No.

11359

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Washington			
City or town Sharpshurg Md RFD #1 (If outside city or town limits, write RURAL and give nearest town	state Maryland county Washington		
How long in above place of death? 48 yrs			
Hospital, Institution, or street address where death occurred:			
Sharpsburg RFD #1 Md.	Street No. Sharpsburg Md. RFD #1  None  None		
How long In hospital or Institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
admiral Dawers H	#213-16-0126		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Divorced	20. DATE OF DEATH NOV. 3 19 46 21 / A M		
Tan Stance			
B.(b) Name of husband or wife Edan Stoner (divorced)	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
7. Birth date of	years and that t last saw halive on		
deceased (mo., day, yr.) Jan. 15 1898	Immediate cause of death		
8. AGE: Years   Months   Days   If less than one day	Jamediate Came of George		
48 9 19hrs.	min. auto coronary		
9. Birthplace Sharpsburg Md RFD (Town, county, and state)	Due to descritory		
1D. Usual occupation Labor Hands			
11. Industry or business Farm -Hagerstown Rubber			
12. Name Thomas C Henson 13. Birthpiace Sharpsburg Md. RFD	Dther conditions		
13. Birthpiace Sharpsburg Md. RFD	(Include pregnancy within 3 months of death)		
單 14. Malden name Kate Shiply			
Sharpsburg Md	Major findings of operations.		
14. Malden name Kate Shiply 15. Birthplace Sharpsburg Md 16. Informant Mr. Harry Henson (brother)	Autopsy results.		
Shannehung Md RFD #1 Dem #4			
Nadi 633	an arrow the death and death arrived agree to the deliberation		
Burial (Burini, cremation, or removal, Which?)  Burial (month) (day) (year	Accident, suicide, or homicide		
Cemetery or crematory Bakersville Cemetery	Where did injury occur?		
Bakersville Md.			
Location	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Edith V. Leaf	Means of Injury Injured at work?  De pute head. Example 1		
Address #7 Church St. Williamsport, M.	d. 23. STORATURE News Wello wark. Co. hud.		
11-6 46 889/3	23. SIGNATURE M. D. COMM. D. C		
(Date ree'd by registrar)	gistrar Address Hacers toward med Date signed "1/3/4/6		

DEC 5 1946 B-REAUYE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

	Reg. Dist. No.
DEATH: General	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
Haser Strain	State Maryland county Washington
(If outside city or town limits, write RURAL and give nearest town)	City or lown
place of death?	747.04 Mad /120
ington Country/Hospital	Sireel No. (If ryral, gre LOCATION)
al or institution? 2 walks	2.(a) It veteran, name war. WORLD WAR
DR. WILLIAM GRIM	1 HORST 3. (b) Social Security Number NONE
5. Cotor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
White Married	20. DATE OF DEATH NOV 8 19. 46 of 4 A M
and or will anna Hewcomer	21. I CERTIFY that death occurred on the date above elated; that   atlended deceased from
esat 8.(c) If alive, give age 46 years	10 7 10
12, yr.) January 26, 1897	and that I last eaw h
Years Months   Chays   It less than one day	Immediais couse of death OURATION Covoragy of howlessis 10/24/46
9 9 12hrsmin.	
Gazlestown Washington Mis	Due 10 Hypertension 2 yrs
(Town, county, and state)	
ion. All Maria	Due Io
siness ventae office	
John Ita House	Other conditions
Hagrelown, Mg.	(Include pregnancy within 3 months of death)
ame Mary any one	Major fiadings ol operations
Brownile, Md.	Date of op.
Luca Newsomer Horst	Autopsy results.
147 guilford wire	PHYSICIAN: Please underline the cause to which death should be charged statistically.
erial Pate thereof Mov. 10, 1946	22. VIOLENCE: It death was due to esternal causes, fill in the following:  Accident, suicide, or homicide
ation, or removal, Which?) (month) (day) (year)	
matury Charles of The Man I Man	Where did injury occur?
Japereville, Maryante	Injured at home, farm, industry, public place (where?)  Magns of Injury  Injured at work?
of W. J. Romand	Means of Injury Injured at work?
tagerslown md.	H. S. Postersield M.A.
- 9 . 46 logation po	23. SIGNATURE M. D. or other
y registrar) Registrar	Address SO W Washington Date signed 119146

Dr. H. L. Briterfield 136 W. Washington St.

1. PLACE OF DEATH: County was sington.

How long in above place of death?.

How long in hospital or institution?....

3. (a) FULL NAME

16. Informant

Address

Burial

Cemetery or crematory .....

18. Funeral director

(Burial, cremation, or removal, Which?)

Hospital, institution, or street address where death occurred:

Linda Lou Hutchison 5. Color or race

Washington county Hospital

2 Weeks

ASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157



11458

### CEI

RTIFICAT	E OF DEATH	Reg. Dist. No. 3	020
	2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:	
nearest town)	State laryland City or town Hagerstown		
	Street No. 861 Virgin	imits, write RURAL and give ne	areat town)
		3. (b) Social Security	Number
		None	
l, or divorced	MEDICAL	CERTIFICATION	
	20. DATE OF DEATH November	er 7 1946 <sub>19</sub>	,213 A 1
years	21. I CERTIFY that death occurred on the dat	19 46, to 7 ho	V 19.46
e day	Immediais cause of death	t.	DURATION

r swale	white	S	rugle	20. DATE DE DEATH NOVEMBER ( 1340 19
6.(6) Name of husband or w			21. I CERTIFIC that death occurred on the date above stated: that I attended to	
7. Birth date of deceased (mo., dsy, yr.)		oer 23		and that I last saw h.laalive on
8. AGE: Years	Months —	Days 14	If less than one day	Grand durity
1D. Usual occupation	(Tow	n, county, and	state)	Due to Due to
11. Industry or business  12. Name Mel  13. Birthpiace Ha				Diher conditions En Desattra mile
14. Maiden name 15. Birthplace	Jenni			(Include pregnancy within 8 months of death)  Major findings of aperations

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VtOLENCE: If death was due to external causes, till in the toilowing: Accident, sulcide, or homicide. Where did Injury occur? .....

Date thereot. (month) (day) (year)

Coffman

or town limits, write RURAL and give

6.(a) Single, married, widowed

Cemetery

Hagerstown Md.

Jemmie Hutchison

Hagerstown Md.

Rose

Hagerstown Address

Msens of injury

Injured at home, farm, industry, public place (where?) ....

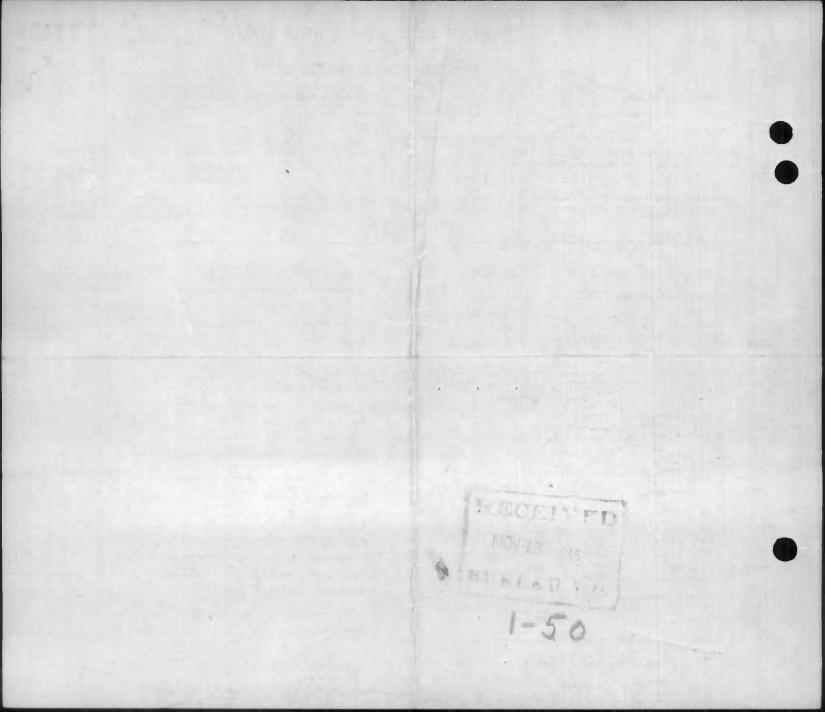
(County)

injured at work?

remulicant troden

(State)

(City or town)



VS A15

(Date rec'd by registrar)

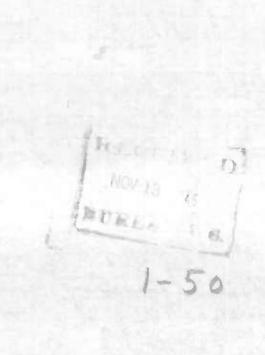
2411 N. Charles St., Baltimore (179-18)

	1	19	61		
Reg.	Dist	No.	13	02	0

Address Hagerstown Jud, Date signed VAD. 10/46

CERTIFICAT	TE OF DEATH Reg. Dist. No.	020			
Dounty  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, of street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of motivo)  State  County  City or town  (If ustaide of your form limits, write RURAL and give niesest town)  Street No  (If rural, give LOCATION)  2.(a) It veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Nu	ımber			
Helen Michael Johnst	on				
formale whete married, widowed, or divorced tends whete	MEDICAL CERTIFICATION  20. DATE OF DEATH NOV. 10 19.46				
B.(b) Name of husband or wife. Frances A. former	21. I CERTIFY that death occurred on the date above stated: that I attended decease				
7. Birth date of	and that I last saw halive on				
deceased (mo., day, yr.) PMD 5017	Immediato cause of death	DURATION			
8. AGE: Years Months Days If less than one day	acute nembutal possoning (about 22 grs.)				
10. Usual occupation. Thorseurf	Due to				
11. Industry or business  12. Name Reestric T. Michael  13. Birthplace Explaines Co. M.d.	Dther conditions				
14. Malden name Olketta Rahusbeurg 15. Birthplace Frederick Co. Med	(Include pregnancy within 8 months of death)  Majar findings of operations.				
18. Informant Paul J. Michael  Address Frederick Md,	Autopsy results	***************************************			
17. Burlal, cremation, or remote Which? Date thereof (month) (Law) (mear)	22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide				
Cemetery or crematory	Where did injury occur?				
18. Funeral director C.	Means of injury Injured at work?  DEPUTY MEDI				
Address Frederick Me.		O., MD.			
70-110 11 /180,07/-11	23. SIGNATURE HOLLIS WASH. CO				

Registrar



9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

11362

### CERTIFICATE OF DEATH

3020

How long In above place Hospital, institution, of W. shing	Hagers to outside city or town like of death? 55	COWN mits, write R Year death occurred W Hos	URAL and give nearest town) S L L L L L L L L L L L L L L L L L L	State Ragerstown  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 255 Fredrick St.  (If rural, give LOCATION)			
	or Institution?3		***************************************	2.(a) If veteran, name war			
3. (a) FULL NAM	IE.	Esth	ner Kaplan		3. (b) Social Security Number		
Female	5. Color or race White		e, married, widowed, or divorced Single	MEDIC. 20. DATE DF DEATH.	AL CERTIFICATION 1. 21 99 10 46 at 2 1		
			c) If alive, give ageyear	21. I CERTIFY that death occurred on the	e date above stated: that fattended deceased from 1996, to		
8. AGE: Year 63	Months	Days	If less than one dayhrsmin	Corcumus Bea			
11. Industry or busines 至 12. Name	Prop. Clo	thing	state) Store		By Dung fathering 3 mo.		
HOW 14. Maiden name	Mary Ko Russia	ppel		Major findings of operations.	Date of op.		
Address Ha	gerstown,	Md.		PHYSICIAN: Please underline the car	use to which death should be charged statistically.		
Cemetery or cremat  Location	Heb Hager <b>s</b> to	rew C wnl W. Kr	eof Nove 22 194 (month) (day) (year) emetery Md.	Accident, suicide, or homicide	Date of		



2411 N. Charles St., Baltimore 170-2

Reg. Dist. No

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Dor newborn infants give residence of mother)  State
How long in hospital or institution?	(If rural, give LOCATION)
3.(a) FULL NAME  Joseph Stanley Kurtz	3. (b) Social Security Number 216-18-9140
4. Sex  5. Color of race  6. (a) Single, married, widowed, or divorced  MALE WhitE MARRIED	MEDICAL CERTIFICATION about  20. DATE OF DEATH NOV/ 13 1946, PP 2:10M
8. (b) Name of husband or wife SLAdy & T. Runtz	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) APRIL 8-1923	and that I last saw h
8. AGE: Years Months Days if less than one day  3. Months Days if less than one day  hrs	farctured cervical vertebra
10. Usual occupation.	Freetured sternum(closed)
11. Industry or business 179 6 × PAESS CO  12. Name LARENCE KURT3  13. Rithplace BALT, mage Md	internal hemorrhages Other conditions
# 14. Malden name ANNIE HINES	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant SLACUS T. Kupt3	Autopsy results. NO
Address 330 S. DRANKLINTOWN Rd  17. Burial remation, or removal, Which)  Date thereof Nov 18-1946  (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide. 2.2. ident. Date of No.V. 13,46.
Cemetery or crematory  Location  DAL +0  MAC  (Month) (day) (year)	Where did injury occur? Iancock Wash Md. (State) Injured at home, fam, Industry, Qublic Pass twees; ide of Sidling Hil
18. Funoral dector / CY B. M. Walters  Address PRAHT & STRICKER \$73	Means of Injury driving truck & ramo fatwork of road (yes
19. (Date rec'd by registrar) Registrar	Hagerstown, Md. M.R. Oate signed 20.13/46

MARGIN RESERVED FOR BINDING

# ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNF. is especially important.

PLEASE

correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

### CERTIFICATE OF DEATH

Dr. Bell

11364 Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Vashi ston	state Maryland county Washington		
City or town (If outside city or town limits, write RURAL and give nearest town)	City or lown		
How long In above place of death? 6 Months  Hospital, Institution, or street address where death occurred:			
42 Broadway Avenue	Street No. 42 Broadway Avenue (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
MRS. GERTRUDE MCCARTNEY LEVI	None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Fenale White Widowed	20. DATE DE DEATH. NOVEY 223, 18 46 21 7: 20P.		
6.(b) Name of husband or wife Charles E. Lewis	21. I CERIFY that death occurred on the date above stated; that Lattended deceeeed from		
	October 19.28, 10 Nov. 23, 19.46		
7. Birth date of	and that I last eaw h		
deceased (mo., day, yr.) UCTODET 5, 1878  8. AGE: Yeare   Months   Days   If less than one day	Immedia: Esuse of death		
70 1 18hrs	min. / here disease. 19 years		
9. Birthplace Avilla Noble Co. Indiara (Town, county, and state)	Due to.		
(Town, county, and state)  1D. Usual occupation. HOUSEWILE			
	Due to		
11. Industry or bueiness Own Home	- Annual		
E 12. Name Janes LoCartney 13. Birthplace Avilla Indiana	Diher conditione		
# 14. Malden name Jane Pushon	(Include pregnancy within 3 months of death)		
S Bidholes Villa Indiana	Major fiedings of operations Date of op.		
14. Malden name. Jane Bushong. 15. Birthplace I villa Indiana 16. Informant	Antonia resilies to sutopen		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Hagerstown 1.d.	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?)	) Accident, suicide, or homicide		
Cemetery or crematory RO Hill Cemetery	Where did injury occur?		
Location Have stown Ld.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. And rew K. Coffnan	total day work?		
Address Hage stown ld.	A Bull		
Wast 21 11 Af 162 100	23. SIGNATURE		
19. (Date ree'd by registrar) Reg	istrar Address Ingestown Ms. Date signed 1/26/46		

10v 29 1946 FOREAU 7 8

.. M

correct age

death clearly and

ADING INK. Supply every in Physicians: please write the

WITH UNF!

especially

PLAINLY, is especially

WRITE

PLEASE

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

11365

Reg. Dist. No.

			CERTIFICA	ATE OF DEATH	Reg. Dist. No	0 0 ~	
City or town F1322 (If our How long in above place o Hospital, Institution, or s	Ington rstown tside city or town lif death? trant address where t	nits, write R	town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State A R Y Land  County Washington  Hagerstown R # 2  (If outside city or town limits, write RURAL and give nearest town)  Street No. Huyetts Cross Roads  (If rural, give LOCATION)  2.(a) If veteran, name war			
3. (a) FULL NAME			•		3. (b) Social Security N	Number	
NIKOL	AI LIBED				212-24-	306	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL	CERTIFICATION		
Male	white	Si	ngle	20. DATE OF DEATH	r 9 1946 19	6	
6.(b) Name of hueband or 7. Birth date of deceased (mo., day, yr.	T	6.(0	e) If alive, give agey	and that I laet eaw halive on	9, to	19	
8. AGE: Yeare	Months	Days	If leee than one day	Immediate cause of death		DURA	
9. Birthplace Pol.  10. Usual occupation  11. Industry or busineee	Aabor Cushwas	er. Coal	hrs,		nt tibia and sed)		
12. Name	Record			Other conditions		4**********	
H 14. Maiden name	No Reco	rd		(Include pregnancy within Major findings of operations. None			
16. Intermant	iss Bess		recher	Autopsy results. As above PHYSICIAN: Please underline the cause to			
Buria. (Burial, cremation, Cemetery or crematory	or removal, Which?) Rose	Date there	(month) (day) (year) Cenetery	22. VIOLENCE: If death was due to external caueee, fill in the following:  JACCIDENT: Date of 1/9/46  Where did injury occur? Hillertts Wash. Md.  Crostgor Roads (County) (State)  Injured at home, farm, Industry, public place (where?) Highway			
	Andrew Hager		fîran Md.	Meene of Injury Struck by a	DEPUTY ME	EDICAL	
Hanicas			11		WASH.	UUTI WI	

19 46 6 Half

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland county Washington
	City or town Hagerstown R # 2 (If outside city or town limits, write RURAL and give nearest town)
	Sireet No. Huyetts Cross Roads
	None (If rural, give LOCATION)
Ì	2.(a) If veteran, name war
	3. (b) Social Security Number

	1212	70 4 7
1	MEDICAL CERTIFICATION	
	20. DATE OF DEATHNOVEMBER 9 1946 19	6 P
١	21. I CERTIFY that death occurred on the date above etated; that I attended decease	
1		19
	and that I laet eaw halive on	19
	Immediate cause of death	DURATION
	Fracture of right tibia and fibula (closed)	******
1	Fracture of pelvis (closed)	
1	Due to	
ĺ		
ŀ	Other conditione	
	(Include pregnancy within 3 months of death)	
	Major findings of operations. None	
	Date of op.	
l	Autopsy results As above	

DEPUTY MEDICAL EXAM. WASH. CO, MD.

Hagerstown, Md.

Registrar

NOV 14 1946

The correct age

## 9-45-15M

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

### CERTIFICATE OF DEATH

11366 Reg. Dist. No. 302 0

1. PLACE OF DEATH:  Counly
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 30 Years  Hagerstown R. 4 Cearfors Pike  Hagerstown R. 4 Cearfors Pike  Hagerstown R. 4 Cearfors Pike  (If outside city or town limits, write RURAL and give nearest town)  Street No. 12 Estawn R. 4 Cearfors Rive  (If rural, give LOCATION)  2.(a) It veteran, name war.  3. (b) Social Security Number  I SE IDA MAY LOW  4. Sex 5. Color or race S.(a) Single, married, wildowed, or divorced  Female White Single  5. (b) Name of husband or wife. 20. DATE OF DEATH. NOVE Der 37. 18.45. at 10:50.
How long in above place of death? 30 Years  Hospital, institution, or street address where death occurred:  Hagerstown R.A. Cearfoss Pike  How long in hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  The street No. 18 10 10 10 10 10 10 10 10 10 10 10 10 10
Hospital, Institution, or street address where death occurred:  Hagerstown R.A. Cearfoce Pike  Street No. 12 2 5 5 0 Wh R.4 Cearfoce R. (Ifrural, give LOCATION)  2.(a) It veteran, name war.  3. (b) Social Security Number  I S IDA MAY LOW  4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced  Fenale White Single  20. DATE OF DEATH. NOVE Der 27. 18.45. at 10:50.  21. I CERTIFY that death occurred on the date above elated: that t altended deceeeed from
How long in hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  I Social Security Number  I Sex   5. Color or race   6. (a) Single, married, widowed, or divorced   MEDICAL CERTIFICATION    Fenale White Single   28. DATE DF DEATH   NOVE   Details   19. 46. at 10. 5. 9.  8. (b) Name of husband or wife   21. I CERTIFY that death occurred on the date above elated; that it altended deceeeed from   19. 46. at 10. 5. 9.
3. (a) FULL NAME  3. (b) Social Security Number  1 Sex   5. Color or race   6. (a) Single, married, widowed, or divorced  Fenale White Single  20. DATE DF DEATH
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION  Fenale White Single  20. Date Df DEATH
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Fenale white Single  20. Date Df DEATH
Fenale White Single  28. DATE DF DEATH. NO VE. Der 27 19.46 at 10:30  8.(6) Name of husband or wife. 21. I CERTIFY that death occurred on the date above elated; That altended deceeed from
8.(b) Name of husband or wife
8. (b) Name of husband or wife
6.(o) Name of husband or wife. 7. 19 HG in Nov. 7. 19 HG
7. Birth date of Second
deceased (mo., dey, yr.) December 35, 1860 Immediais crime of death DURATION
8. AGE: Yeare Monthe Bays It lees than one day
85 11 3hrsmin.
9. Birihplace Fairplay Machineton Coda Due to.
10. Usual occupation School Teacher
11. Industry or business Retired
11. Industry or success   12. Name   Harry Jacob   10. Industry or success   2. Name   Harry Jacob   10. Industry or success   2.
E Hair lay la
(Include pregnancy within 3 months of death)
Major findings of operations.
El 15. Birthplace No Record Date of op.
16. Informant August State Angula Ang
Address Hagers town R4 1d.  22. VIOLENCE: If death was due to external capses, till in the following:
Cemetery or crematory. Rose Hill Cemetery Where did Injury occur? (City or town) (County) (State)
Location Hagerstown d. Injured at home, farm, industry, public place (where?)
18. Funeral director. And Taw K. Coff nan Means of Injury Injured at works
Address Harer down de Charles 23. SIGNATURE.
19. Dec. 2: 18 46 Plantitorial Address Hagerstown m. Date signed 11/30/4



of correct age

### VS A15

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MADVIAND	CTATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore They

### CERTIFICATE OF DEATH

\$ 11367

Reg. Diat. No. 3020

1. PLACE OF MEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Fashing Ton	(For newborn infants give residence of mother)
City or town	State Journ Journ
How long in above place of death?	City or town
Hospital, Institution, or straft address where death scurred:	Street No.
yourney town too I to pular	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elli. B. dung	kme
4. Sex 5. Color or race 8.(a) Single, married and owed, or divorced	MEDICAL CERTIFICATION
tembe White Married	20. DATE OF DEATH hovember 5 1946 17 A
PH P	21. LEERTIFY that death occurred on the date above stated; that attended deceased from
6.(b) Name of husband or wife	Wow. 1 1946 10 how, 5 1946
7. Birth date of deceased (mb., day, y. 5.57)	and that last saw her alive on hov. 5 1946
deceased (mo., day, y)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	1
67 9 24hrsmin.	regianulocytosis
9. Birtholace Velas Bennevolla	Due to.
(Town, eounty, and state)	
10. Usual occupation	Due to
t1. Industry or business	
12. Name Harry. H. Marty	Dither conditions
12. Name Harry N. Marks 13. Birthplace Rhoushos O	(Include pregnancy within 3 months of death)
14. Malden name. Cara . Longuesher	
14. Malden name. Gasa Jonguecher  15. Birthplace Gasqs borg such	Major findings of operations
2 15. Birthplace	Date of op.
18, informant	Antopsy results
Address Hargustown Ossal	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17. Burial, cremation, compl. Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Rest Harris Committee	
Cemetery or commolory	Where did Injury occur?
Location 14 agentown and	Injured at home, farm, industry, public place (where?)
18. Funeral director a Raco, B. Hooner	Msens of Injury Injured at work?
Xee all	MININA SALES
Address During and	73. SIGNATURE M. D. or other
19. (Date recist by recistrar)	Boons 1000 11/5/46
(Date rec'd by registrar) Registrar	11 Address

107-7-1945 RUREAU V 6.

VS A15 9.45.15M

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore 50

				Α
TOTAL	TITLE	LA TABLE	OF	TATE A STATE
LKI	11 11	AIL	Ur	DEATH

11368 Reg. Diat. No. 3020

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland County Washington  Cily or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town)  Street No. 481 North Potomac Street  (If rural, give LOCATION)  2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Mary E. Meginniss	None	
Female   S.(a)Single, married, widowed, or divorced   White   Widow	MEDICAL CERTIFICATION  20. DATE OF DEATH  NOV 9  19.46, 21.79	
6.(b) Name of husband or wife Robert T. Meginniss  6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) September 21, 1869	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from  19. 3.9., to  19. 4.4.  and that I last saw h	
8. AGE: Years   Months   Days   If less than one day   77   1   19  hrsmin.	Immediai cause of death DURATION  Carcinomics Seft Breast  Carcinomics Seft ovary	
9. Birthplace. Hagerstown, Wash. Co. Md.  10. Usual occupation. Ho usework  11. Industry or business    12. Name Charles E. Roach   13. Birthplace Baltimore, Maryland	Due to	
14. Maiden name Alice V. Rowland  15. Birthplace Clearspring, Maryland  18. Informant Mrs. Elizabeth Spillman	(Include pregnancy within 3 months of death)  Major findings of operations	
Address Hagerstown, Maryland  17 Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory. Rose Hill Cemetery	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Hagerstown, Maryland  tB. Funeral director C. M. Suter & Sons  Address Hagerstown, Maryland	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE. H. S. Porter field M.D. or other	
19. NOV. 13. 19 46 Chasff Bowers  (Date rec'd by registrar)  (Date rec'd by registrar)	Address 136 W. Washington Date signed 11112/46	

1-30

9-45-15M

VS A15

PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

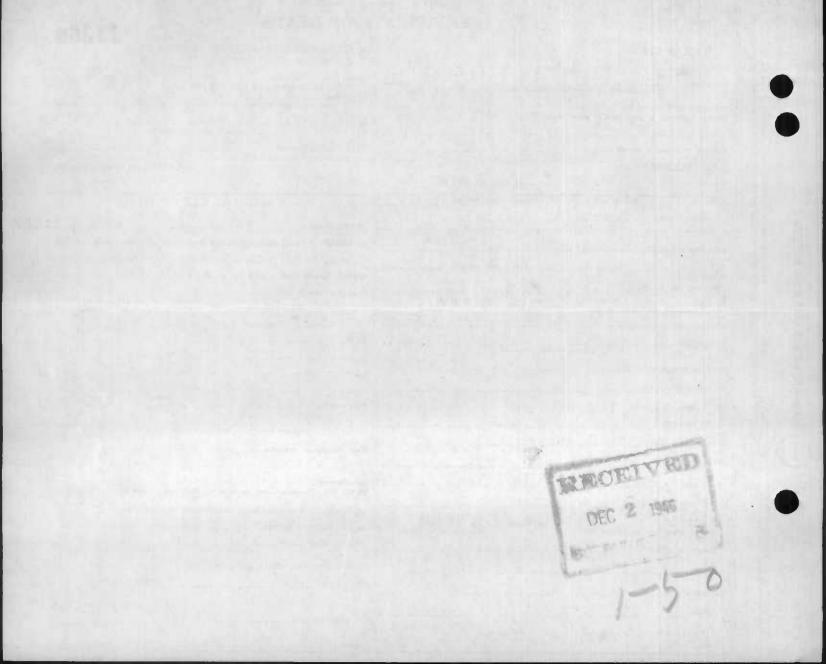
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9320

### CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stale Laryland Couoty Washin ton  City or town (If outside city or town limits, write RURAL and give nearest town)  Streel No. (If rural, give LOCATION)  2.(a) If veteran, name war. None		
3. (a) FULL NAME MRS. MARY ALMEDA NEAL	3. (b) Social Security Number		
Female   S. Coior or race   S. (a) Single, married, widowed, or divorced   Female   White   Darried	MEDICAL CERTIFICATION  20. DATE OF DEATH		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from  20. Manual 19. 4.6		
8. AGE: Years Months Days If less than one day 68 0 15	Immediain cause of death Duration  Arterio-scleratic Heart Durass unfunny		
8. Birihplace. Clearspring Washington Co. Md.  10. Usual occupation. Housewife  11. Industry or business Own Hone    12. Name. Joan Kuhn	Due 10		
Address Hazerstown L.a.  19. 1000. 29, 1946 Bloodff Sovers  (Date rec'd by registrar)  Registrar	Address 2301 Rollman Bale signed 27 May 46		



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### A15 SA

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

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TEL	DTI	CIC	ATE	OF	DE	TH
. P. I	KII	PIC.	AIF.	OF	Dr.	$\mathbf{I}$

			305
	D: 1	8.7	30)_
eg.	Diat.	MO.	

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If ourside city or town limits, write RUKAL and give nearest town)	State County County
How long in above place of death? 40 years	City or town (15 outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or Institution?	2.(g) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Susan Jane	O hoepis
4. Sex 5. Color or race (a) Single, married, widowed, or divo/ced	MEDICAL CERTIFICATION
temale Regro Dengle	20. DATE DF DEATH
6,(b) Name of husband or wife	21. I CERTIFY that leath occurred be the date above stored that I attended deceased from
6.(c) It alive, give ageyears	you 1944 10 11 16 1941
7. Birth date of deceased (mo., day, yr.) June 1, 1884	and that I lack aw h
8. AGE: Years Joinths Days If less than one day	Cardio - Reuel Dises 2
62, 5 /3min.	AMARIA AMARIA
9. Birthplace (Town, county, and state)	Oue to
10. Usual occupation. Domestic	Que to
11. Industry or business	
12. Name William Phaenix	Other conditions.
₹ 13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden name Callerine Johnson	Major findings of aperations
\$ 15. Birthplace Adgesnille, W. Va.	Date of op.
16. informant + raufe Caulisi	Autopsy results
Address /8/ Derkson arenue	22. VIONENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or repoyal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Rose Kill Cemetery	Where did injury occur?
Location Hageislown, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Authorn H. Downley	Means of Injury Injured at work?
Address 9 01 Fredrick St Haderatown	Vista & Willes
Word 19 11 Bless Harres	23. SIGNATURE
19. (Date ree'd by registrar) Registrar	Address 131 W. WASHINGTON, ST. Date signed

HAGERSTOWN, MIL



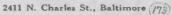
WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS, A15

### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH





Reg. Dist No.3342

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
CountyShi		146.A.				
(If outside city or town limits, write KUKAL and give nearest town)			URAL and give nearest town)	State A3 TVI 11 County Ashi 2 to 1		
How long in above place of death? 7 Hours			***************************************	City or town Haras town (If outside city or town limits, write RURAL and give neare	est town)	
Hospital, Institution, or	street address where	death occurred		Street No. 158 South Prospect Stree	<b>t</b> .	
Washing	ton Cour	ity Ho	spial	(If rural, give LOCATION)  2.(a) If veteran, name war WORLd War #2		
How long in hospital or	testitution?7	lours	······································	2.(a) If veteran, name war OTLd 19.7 12	*************	
3. (a) FULL NAME				3. (b) Social Security N	umber	
	WILLIAM	LE RO	V DIDER	705-10-50	608	
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION		
Lale	White	Mar	ried		77 17	
				20. DATE OF DEATH NOVEMber 24 19 6.		
6,(b) Name of husband	or witeEla.i	ne		21. I CERTIFY that death occurred on the date above stated; that I attended deceas		
		6.(0	) It alive, give age 30 years	19, 10		
7. Birth date of deceased (mo., day, ye	A 4 7	26,19		and that I last saw halive on	19	
8. AGE: Years		Days	If less than one day	Immediate cause of death	DURATION	
32	6	28	hrs. min.	Multiple open fractures of		
9 Rirthniace Sa	lem Sale	er Co.	New Jersey	Due to Rt & left tibias & fubula	<b>a</b>	
				closed fracture rt femur		
10. Usual occupation	Helistra	nt	***************************************	Due to Temorrhage & shock	.,	
11. Industry or business	Wester	n lar	vlano Railway			
当 12. Name FG1	enn Le I	loy i	per	Dther conditions.	************************	
12. Name FG1	axton Pe	enna.				
E E	Trene	Tower		(Include pregnancy within 3 months of death)		
E 14. Malden name		de.bad.156.797.ab	······	Major findings of operations.		
≥ 15. Birthplace	surling1	ton Ne	w Jersey			
14. Maiden name  15. Birthplace	ene Pipe	r		Actorsy results		
Address Hag	erstown	Md.			Attruction,	
D . 3			.17/27/48	22. VIOLENCE: Il death was due to external causes, Illi in the following:  Accident, suicide, or homicided and the following bate of	24/46	
(Burial, cremation,	or removal. Which?		(month) (day) (year)			
Cemetery or cremato	, Rest	Haven	Cenetery	Where did injury occur? Earstown (County)	(State)	
LocationH.a.	erstown	.l.d.	***************************************	injured at home, tarm, industry, public place (where 12 1d N. Of		
18. Funeral director	Andrew B	Col	fman	Means of Injury to the Control of th		
18. Funeral director				A. Wohud Wells WASH. CO		
20 -	4	Ac	11173	23. VIGNATURE M. D.	-other a	
19.	26, 1946	-DA	Day T, Lower	with leaves towers Med. note signed	1/25/4	



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MARGIN RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Ю				2	A	2	-
b)	Reg.	Diat.	No.		U	-	

1. PLACE OF DEA	wagni	ngton		2. USUAL RESIDENCE (HOME) 01 (For newborn infanta give residence of		
City or townHag	erstown.	Mary mits, write R	Land URAL and give nearest town)	State Maryland Cou		
Hospital, Institution, or	ot death?street address where Washingt	death occurred	reet	Street No. 23 Mest Washi	ngton Stree	
How long in hospital or	Institution?			2.(a) It veteran, name war		
3. (a) FULL NAME		ie He	il Rauth		3. (b) Social Security None	Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	White	Wi	dow	20. DATE OF DEATH 12 Nov	19.46	at 12:15/
6.(b) Name of husband of the state of deceased (mo., day, yo	A 2 7	6.(6	e) If alive, give ageyears	21. I CERTIFY that death occurred on the date abo	ve stated; that I atlended dece 46to 1240 100	ased from
8. AGE: Years	Months 7	Days 4	It less than one day	Immediate cause of death	Colon	11/2 yr
9. BirthplaceH8.  10. Usual occupation  11. Industry or business	House	work	h. Co. Md.	Due to		
12. NameAl.	bert Hei Ger	l many		Dther conditions	nonths of death)	
14. Malden name 15. Birlhpiace 16. Informant	Caroline Funkstow	n, Ma	mnauer ryland	Major findings of operations.		
	gerstown			PHYSICIAN: Please underline the cause to w		statistically.
17 Buria (Burial, cremation,	or removal. Which?		eof 11-14-46 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Bate of	
	, Rose H			Where did injury occur?(City or town)		
and the same of th	~		yland	Injured al home, farm, industry, public place (w	here?)	
	c. M. Sterstown		Sons	Means of Injury	usby	
19. Mos / 2	1946	-6	Rostf Sowers Registrer	Address 2 30 N Poloman	M. D.  Date signed.	or other 12/m 46



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VS A15



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-4

# CERTIFICATE OF DEATH

3010

11373

				108. Dist. 110	
1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
CountyWashi	ngton		state Mary land county Washington		
City or townW.1	Liamspor	nits, write RURAL and give nearest town)			
How long in above place	of death? 20	vrs	Cliy or town Williamsport.	, write RURAL end give nesrest town)	
Hospital, Institution, or	street address where d	eath occurred:	Street No. Bower Ave.		
Bower A	ve	***************************************	(If rural, give	LOCATION)	
How long in hospital or	Institution?		2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security Number	
Mr. J	ames Tru	man Richards		None	
4. Sex	5. Color or race	B.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION -	
Male	White	Widowed	20. DATE DF DEATH	19 46 of 9 4 A M	
B.(&) Name of husband of	Dora Dora	Harlow Richards	21. I CERTIFY that death occurred on the date about		
	haged		19./	H6 10 700, 1 19.46	
7. Birth date of				19.46	
deceased (mo., day, yr			Immediate caose of death	DURATION	
8. AGE: Years	Months	Days If less than one day			
86		8min.			
9. Birthplace Spo	tsglvnia	Co. Va.	myocare old	is Chewne 3 gers,	
1D. Usual occupation	Supt. of	Canal (retired)	0.04 - 2.0	1240-210 710-2	
11, industry or business	-		Due to.		
質 12. Name RO	bert Ric	hards	Dither conditions		
12. NameR.O. 13. Birthplace V	a.				
<b>E</b>		e Overton	(Include pregnancy within 3 m	nenths of death)	
	Va.		Major findings ol operations		
≥ 15. Birthplace			***************************************	Date of op	
		Bell (daughter)	Aotopsy resolts		
Address Bow	er Abe.	Williamsport	PHYSICIAN: Please underline the cause to wh		
. Burial		Oct. 3 1946	22. VIOLENCE: If death was due to external cause		
(Burial, cremation,	or removal. Which?)	Date thereof Oct. 3 1946 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremetory Greenlawn Cemetery			Where did injury occur?(City or town)	(County) (State)	
Williamsport, Maryland			Injured at home, farm, Industry, public place (wh		
Edd+h V Tecf			Means of injury	Injured al work?	
15. Fulletal dilector	hurch St		QL (-	$\stackrel{\checkmark}{\sim}$	
Address #7 C	HUPCH St	. Williamsport, Md.	23. SIGNATURE	engreemay,	
Date rec'd by reg	19.46	. E Les M Chrony Registrar	2 1) itti anula	Date signed 11-1-46	
(Date rec'd by reg	istrar)	Registrary	Address		



The correct ag

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

\*11374

M. D. or other

TE OF DEATH	Reg. Dist. No. 3020
2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:
State Maryland Cou	
City or town William sport	, write RURAL and give nearest town)
Street No. R. F. D. #2	
2.(a) If veteran, name warNone	
	3.(b) Social Security Number None
MEDICAL CE	RTIFICATION
20. DATE DE DEATH NEW . 12	19.46 21 7 = 0.
21. I CERTIFY that death occurred on the date about	e stated: that i attended deceased from
	46 to nov. 12 1946
and that I last saw h	
Immediate cause of death	DURATION
Postessie	Poluloue
/	150000
Due to Teule Duris to	The same
	<u> </u>
Due to	
***************************************	
Other conditions	***************************************
(Include pregnancy within 8 m	onths of death)
Major findings of operations	
	Date of op
Autopsy results	
PHYSICIAN: Please underline the cause to whi	
22. VIOLENCE: If death was due to external cause	
Accident, suicide, or homicide	
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (whe	
Mesns of Injury	Injured at work?
Jan (79	

1. PLACE OF DEATH: Washington Hagerstown Md.
(If outside city or town limits, write RURAL and give nearest town. How long in above place of death?..... Hospital, Institution, or street address where death occurred:
Washington County Hospital How long in hospital or institution?.... 3. (a) FULL NAME Rozella Miller Roth 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married 6.(b) Name of husband or wife... Danial Roth ...6.(c) If alive, give age .... 69 deceased (mo., day, yr.) Nov. 18 1876 8. AGE: Months Days If less than one day 69 11 25 Williamsport, Md. (Town, county, and state) Housewife 10. Usual occupation.... Home 11. Industry or business E 12. Name George Miller
13. Birthplace Maryland 14. Malden nar 15. Birthptace Izura Miller Hershey 14. Malden name... Maryland 18. Informant Miss Helen Roth Williamsport, Md FRB #1 17 Burial (Burial, cremation, or removal. Whiteh?) Date thereof. Nov. 15 1946 (month) (day) (year) Cemetery or crematory Broadfording Cemetery tocation Broadfording Md. 18. Funeral director Edith V. Leaf Address #7 Church St. Williamsport, Md.



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# Dr. Wells 11375

#### MARYLAND STATE DEPARTMENT OF HEALTH

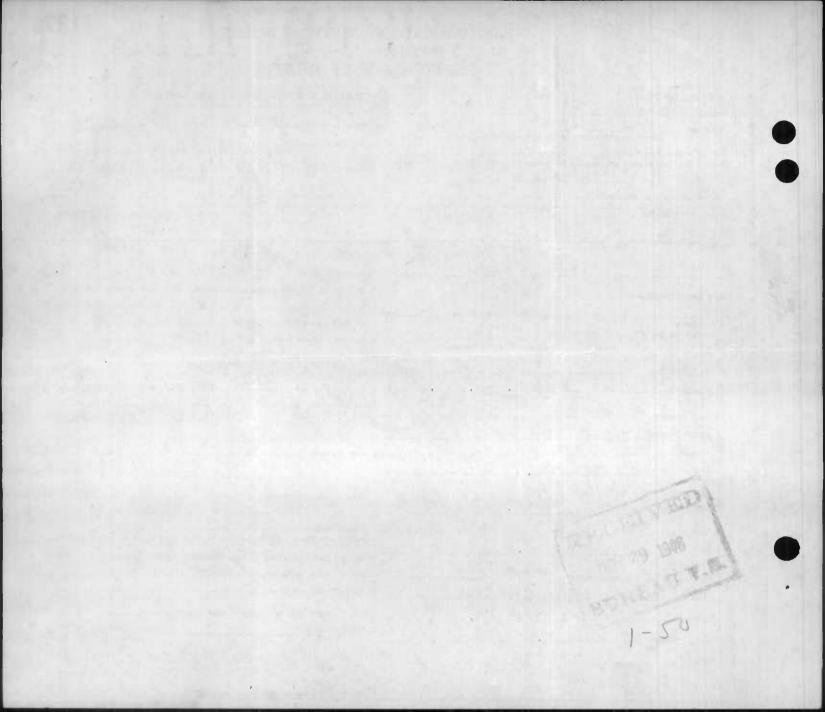
2411 N. Charles St., Baltimore 92-0

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		Red	bo	
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1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
			***************************************	(For newborn infants give residence of mother)			
			JRAL and give nearest town)	state Maryland county Washington			
(If ou	tside city or town lin	its, write RI	IRAL and give nearest town)	City or town			
How long in above place of Hospital, institution, or s	treet address where d	eath occurred:	1.9	Street No Downsylle Dike			
				(If rural, give LOCATION)			
How long in hospital or	nstitution?			2.(a) If veteran, name war None			
3. (a) FULL NAME				3. (b) Social Secur			
Danie		r Sco	tt	None			
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	White	W	idower	20. Date of Death November 23 1946 18	2,30		
6.(b) Name of husband o	wife Mo	llie		21. I CERTIFY that death occurred on the date above stated; that I attended			
			If alive, give ageyea	19, to			
7. Birth date of deceased (mo., day, yr.			0 1866	and that I last saw Ralive on			
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	DURATIO		
80.	9	13	hrs mla	chr. myocarditis	5yrs		
a Sirthniaca Do	wnsville	Wash	ate) Md.				
10. Usual occupation	_	<i>X</i>		Due to acuts ventricular fibrill	Lation		
11. Industry or business	Farm						
12. NameJQ 13. 8irthplace Z	hn scott			Other conditions	********		
₹ 13. Birthplace Z	ullinger	Pa.		(Include pregnancy within 3 months of death)			
H 14. Maiden name	Rose smi	th		Major fiediegs of operations			
15. Birthplace	Downsvil	le Md	•	Major fiedings of operations.  Date of op.			
	eller Sc	ott		Actonsy results			
	harpsbur			PHYSICIAN: Please onderline the caose to which death aboutd be cha	rged statistically.		
Ramina			. 11/26/46	22. VIOLENCE: If death was due to internal causes, fill in the following:			
Burial Date thereot 11/26/46 (month) (day) (year)				Accident, Science, of Items of the Items of			
Cemetery or crematory Dunkard cemetery  Location Beaver greek Md.				Where did Injury occur?	(State)		
		_	offman	Manne of Injury Injured at work?	MEDICAL EZ		
Address	Hager			- Robert Well			
War f	3/	G	P 011 est	23. SIGNATURE TO SULLY	. D. or other		
100.	-6. 19 46 strar)	( )	00 YVI (1/100		ned 21 / 255		

(I) MARGIN RESERVED FOR BINDING

VS A15 9.45-15M



#### CERTIFICATE OF DEATH

Reg. Dist. No. 30/	
--------------------	--

CERTIFICA	Reg. Dist. No.		
1. PLACE OF DEATH:  county	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cily or town	State Maryland County Washington  City or town St. James  (If outside city or town limits, write RURAL and give nearest town)		
Nospital, institution, or street address where death occurred:	Streef No		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Grace Gertrude Shank	3. (b) Social Security Number		
Female   S. Color or race   6.(a) Single, married, wildowed, or divorced   Married	MEDICAL CERTIFICATION About  20. DATE OF DEATH NOVEMber 13 46 2 A M		
8.(6) Name of husband or wife Benjamin Shank	21. I CERTIFY fhat death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and fhat I last saw halive on19		
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death   DURATION		
53 1 22hrsml	Multiple fractures of upper and lower extremities		
9. Birthplace Sharpsburg Md. (Town, county, and state)	DUE (G.		
1D. Usual occupation	Due to		
置 12. Name	Diher conditions		
	(Include pregnancy within 8 months of death)		
14. Malden name Ada Mose  15. Birthplace S	Major findings of operations None		
Sharpsburg Md.	Date of op.		
16. totormani Benjaman Shank	Autopsy results		
Address St James Md	IntolClair. Hease nunctime the cause to which areas sound be charged statistically.		
Date thereof Nov. 16 194  (Burial, cremation, or removed, Which Can View (day) (year)  Cemetery or crematory (day) (year)	Accident, suicide, or homicide. SUICIOE Date of III 19746.  Where did injury occur? St. J. mes Wash. Md.		
Location Sharpsburg Md.	tnjured at home, farm, Industry, public place (where?)		
18. Funeral director Edith V. Leaf	Means of Injury Walket 11100 pa Unjured at work? 110		
Address Williamsport Md	0 -1 10 -1		
19/100 (Date rec'd by registrar)  (Date rec'd by registrar)	23. SIGNATURE Co., MQ. M. D. M. M. D. M. M. D. M. M. D. M. M. D. M. M. M. D. M.		
( Adjoint	Auricos Digital Taranta Marie Caracter		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legib

MARGIN RESERVED FOR BINDING

correct age



MARGIN RESERVED FOR BINDING

VS A15

36

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

#### DTIFICATE OF DEATH

303

CERTIFICAT	E OF DEATH Reg. Dist. No.
County (If outside city or cown limits, write RURAL and give nearest town)  How long in above place of dealth?  Hospital, institution, or street address where seath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru Infants give residence of mother)  State
How long in hespital or institution?	2.(a) If veteran, name war
Dewitt T. Shisslett	3. (b) Social Security Number
Male White Widawed or divosed	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19.46 11.557
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 46, in 19 46  and that I last saw h. 1900, all ye on 19 46
8. AGE: Years Months Days It less than ene day  9 2 2hrs. min.	Immediate cause of death Carcleac Tarles Buda
9. Birthplace	Due to Phr. Endo cardiles 10 yr
11. Industry or business	
12. Name Not Known  14. Malden name Not Known  15. Birthplace	Dither cenditions Middle Manual Herman Do yru (Include pregnuncy within 8 months of deuth)  Major findings of operations.
2 15. Birthplace  16. Informant MAS. The IMA BY ady	Autopsy results
Address e a S N N 9  11. D 1	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
1B. Funeral director. Snyder. Rowland Address Clear Spring	Means et Injury Injured at work?
19/100 / O 19 4 6 Jose HLW. Mulicy (Dute reed by registrar)  18 / O Jose HLW. Melicy Registrary	23. SIGNATURE M. D. or, other  Address Clear Horing Majorie signed M. J. S. 14.

Descript I Shillefort Male White Yesevico FC 5115,1887 Page Cognity Vinginia Herired / Lyber er RECEIVED Not Esow NUV 14 1946 Not Known MUREAU P. S. Mrs. Theima Brade PRINCE TO STANKE 1-50 WHICH YOR KWOTAKOWE Heave the Rowland PHYCE YES

#### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

3060 Rog. Dist. No.

11378

City or town	City or town (If outside eity or town limits, write (URAL and give nearest town)  Sireet No. (If rural, give LOCATION)  2.(a) If veteran, name war
Fanish E. Smith	3. (b) Social Security Number
4. Sex 5. Color or fice 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. 19 00 19 19 46 3/2-20 M
8.(b) Name of hesband or wite Mas Maggie. Smith  S.(c) If alive, give age. 70 years  7. Sirth date of the state of the sta	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  194 10 10 10 10 19 46  and that I last saw h are alive on 18 18 18 18 18 18 18 18 18 18 18 18 18
9. Birthplace	mystrophise Jaford 5 450
11. Industry or business    12. Name	Other conditions of operations.  Other conditions of operations.  Date of op.
18. Informant  Address Studding and Modern  17. Burial (Burial, eremethon, or removed. Which?)  Cemetery or eveneration of the control of the	Autopsy results.  PHYSICIAN: Please underline the cause to which death should he charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did Injury occur?  (City or town)  (County)  (State)  Injured at home, farm, Industry, public place (where?)
19. Funeral director 500. By by orus  Address Smithistering MS  19. Nov 1 to 19 × k Separate Registrar  (Date rec'd by registrar)  Registrar	Means of Injury  Injured at work?  23. SIGNATURE

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VS A15

. PLACE OF DEATH:

Washington

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore //2/

2. USUAL RESIDENCE (HOME) OF DECEASED:

# CERTIFICATE OF DEATH

County Washing Con				Mogariand Weghington	
a H H D	THE RESERVE TO SELECT THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVE THE PERSON NAMED IN COLUMN TO	2133,040	4)	State Maryland Washington	
(If outs	ide city or town lin	weeks	UKAL and give nearest town)	City or town (1f outside city or town limits, write RURAL and give neares	at form)
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospilal, institution, or street address where death occurred:  123 North Foundry Street				Street No. 123 North Foundry Street	ic cowny
123 North	Foundr	y Str	eet	(If rural, give LOCATION)	
How long in hospital or ins				2.(a) If veteran, name war.	
3. (a) FULL NAME				3. (b) Social Security No	
3. (a) PULL NAME		15	a Caples		ımper
			ond Socks	None	
4. Sex 5	. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Sin	igle	20, DATE OF DEATH 28 NW 44 19 19 19	4A M
				21. I CERTIFY that death occurred on the date above stated; that I attended decease	
6.(b) Name of husband or	wite			27 My 44 19 10 28 Mm	19 46
7 Blab data of		6. (d	e) If allve, give ageyears	and that I last saw h. L. alive on 27 Mr	
7. Birth date of deceased (mo., day, yr.)	October	21,	1946	Immediaic cause of death.	DURATION
8. AGE: Years	Months	Days	tf less than one day	Myocardial Failure	
	1	3	hrsmin.		fred
9. Birthplace Hag	orgtown	Wasi	o. Co. Md.	. Bruchial Actions	1 das
9. Birthplace	(Town,	ounty, end	state)	Due to	
10. Usual occupation					
11. Industry or business				Due to	***************************************
当 12. Name Jac	k R. Soc	ks			
12. Name H	a consto	an M	arvland	Other conditions	000000000000000000000000000000000000000
-41			-	(Include pregnancy within 8 months of death)	
14. Malden name  15. Birthplace H	Emma J	. Cla	rk	Major findings of operations.	
S IS. Birthplace H	agersto	wn, M	aryland	Date of op.	
16. Interment Mr	. Jack	R. So	cks	Autopsy results.	
16. Intermant	erstown	Mar	vland	PHYSICIAN: Please underline the cause to which death should he charged str	atistically.
Address 1188	,ers oown	9 212002	TO BO AC	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial	3711-1-2)		I1-30-46	Accident, suicide, or homicide	
Cemetery or crematory	Rose Hi	11 Ce	metery	Whers did Injury occur?	
Cemetery or crematory		7.5	7.000		State)
Location Hage	erstown.	Mary	Tand	Injured at home, farm, industry, public place (where?)	
18. Funeral director	C. M. S	uter	& Sons	Means of Injury Injured at work?	
Address Has	gerstown	. Mar	yland	A A Lusten	
Address III	1/	10	Leal LA A	23. SIGNATURE M. D. &	
19. 1200,	20 1946	101	controco	62.m. 11.	onn Vo
(Date rec'd by regis	trar)		Registrar	Address & Date signed Date signed	



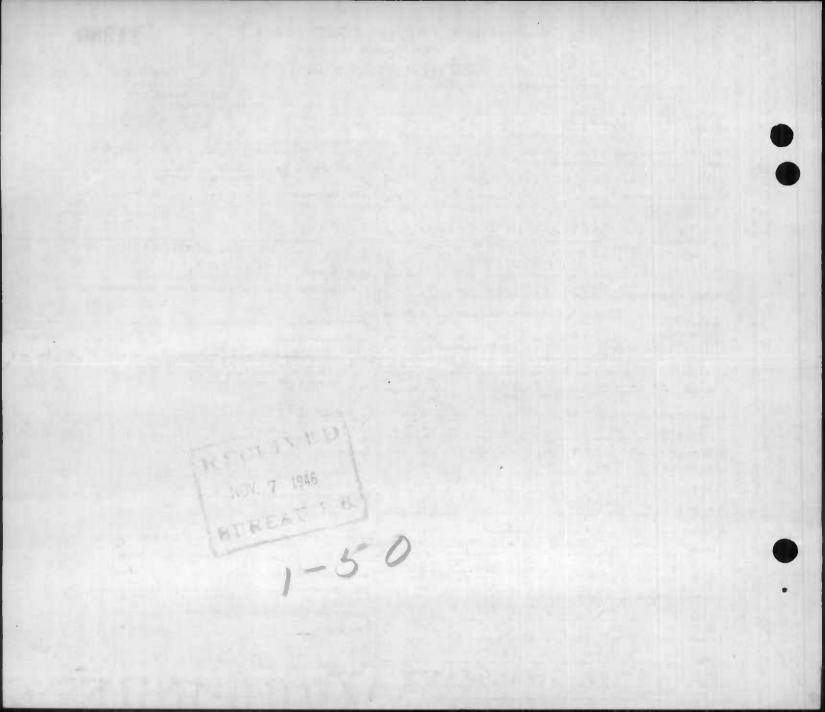
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

	hington  erst cw  de city or town  death?	limita, write R	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Laryland County Washin ton  City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)  Streef No. 139 W. Bethel St		
139 W. Be				Streef No. 4.97 W. R. DC LILE L		***************************************
How long in hospital or in			······································	2.(a) If veteran, name war		
3. (a) FULL NAME	Arv	illa 1	E. Sprecher	3. (b) Social Security Number None		
4. Smemale   5	Eblor of see		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	11:30
6.(b) Name of husband or	Davi	d E. S	Sprecher	21. I CERTIFY that death occurred on the date above	o stated; thaf I aftended dec	eased from
6.(0) Name of Husband of			:) If alive, give ageyears	19	10	19
7. Birth date of		22. 18		and that I last sew halive on		19
deceased (mo., day, yr.)  8. AGE: Years	Months	Days	if less than ooo day	Immediate cause of death		DURATION
64	9	11	hrsmln.	coronary arterios	clerosis	1½ yrs
9. Birthplace	(Town	Miss.	Bouri	Due to angina pectoris		
1D. Usual occupation	Home	Duties	5	Duo to coronary acclusion		3 d
11. Industry or business			-			
12. Namo	* * *		Gerber	Dther conditions		
13. Birthplace	Unkno			(Include pregnancy within 3 m	ontha of death)	
H 14. Maiden name	Unknw Unkno		***************************************	Major findings of operations		
E 15. Birthplace	CHAIIO	AAII			Date of op	
130 W	vid E. Bethe	Spreck 1 St	-Hagerstown, M	Autopsy results	ich death should be charge	d statistically.
Burial (Burial)	r removai, Which	Date then	eof. No.v. 5 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date ot	
Cametery or crematory. Long Meadows			OWS	Where did injury occur?(City or town)	(County)	(State)
Location Mear Hagerstown, Md.				Injured at home, farm, Industry, public place (wh		
19. Funeral director	Fred	W. Ka	noies	Means of Injury	Injured at work?	
Address		stown		S. Hoher	& Wello	hed.
19 Aovent	225 19 46	Sh	aeffBowerd,	Address Hogerstown	M. D	100.4/4



2411 N. Charles St., Baltimore 33-00

11381

#### CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
county ashington	la wland Washington		
City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)	Havaretown		
How long in above place of death? 14 Years	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 376 South Cleveland Ave		
376 South Cleveland Ave	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
MRS. ALICE FRANCES STOUFFER	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION P		
Female white Married	2D. DATE OF DEATH. November 10 1946s at 5 M		
6.(b) Name of husband or wite. Ira Ra	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of North 2 2077	Jan - 1944 10 11/10 19		
7. Birth date of decreased (mo., day, yr.) May 8 1873	and that I last saw h 21 alive on 116		
8. AGE: Years Months Days If less than one day	Immediair cause of death Regions have 2-342ar		
o. Adl.	Cerebral Higiors hoge 2-34 ras		
73 6 2min.	July 1		
9. Birthplace Walkersville tred Co lid. (Town, county, and state)	Due to. Conference - Face to green - Face to g		
tD. Usual occupation Housewife			
A TT	Due to		
	Other conditions.		
	(Include pregnancy within 8 months of death)		
置 14. Maiden name Barbara Keller	Major findings of operations		
14. Maiden name Barbara Keller 15. Birthplace Walkersville Md.	Date of op.		
16 Interment Ira R. Stouffer	Anionay respits		
TT	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
= = /1 = /40	22. VIOLENCE: If death was due to external causes, till in the following:		
Burial Dato thereof 11/13/46 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Rest Haven Cemetery	Where did injury occur?		
Location Hagerstown Ma.	tnjured at home, tarm, industry, public place (where?)		
18. Funeral director Andrew K. Coffman	Mouns of Injury Injured at work?		
Wasianataum Md	11-24:60		
701	23. SIGNATURE La Viller & Weiller		
19. (Date rec'd by registrar)  19. Registrar	Address Hagustoron M. Date signed 11. 184		
(Date rec'd by registrar) Registrar	Address. Date signed		

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

NOV 14 1946

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2 USHAL RESIDENCE (HOME) OF DECEASED:

#### CERTIFICATE OF DEATH

, Reg. Dist. No. 3 0 00

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)		
County Washington	State Maryland County Washington		
City or town Sharpsburg Md (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 80 yrs	City or town (if outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. Sharpsburg Md.		
Sharpsburg Md.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME	3. (b) Social Security Number		
Charles Emory Swain	220-09-7805		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH 1571 36 19/16. 21 1/3 8 CM		
	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from		
6.(6) Namo of husband or wifeNannie Smith Swain	Also IT 1 4CM2 10		
7. Birth date of Nome h 26 1966	and that I last saw by alive on 15 1 10 10 10 11 19 10 11 11 11 11 11 11 11 11 11 11 11 11		
deceased (mo., day, yr.) March 26 1866	Immediate cause of death DURATION		
8. AGE: Years   Months   Days   If less than one day	0 11 1 1		
80 8 4hrsnin.	( proper promposo. 5 minte		
Shannahung Manuland	Due to		
9. Birthplace Sharpsburg Maryland (Town, county, and state)	Trongectioner 18 mit.		
10. Usual occupation Night Watchman	Due to Glandalit		
ti. Industry or business Victor Products Hagerstown	DUE 10.		
I 12. Name John W. Swain	Other conditions		
13. Birthpiaco Sharpsburg Md.			
Common Programs	(Include pregnancy within 3 months of death)		
E 14. Malden name Georganna Brasheaers	Major findings of operations.		
E 15. Birthplaco Snarpsburg Mu.	Dato of op.		
14. Maiden name Georganna Brasheaers  15. Birthplaco Sharpsburg Md.  16. Informani Mrs. Nannie Swain	Autopsy results.		
Address Sharpsburg Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
NGUICOS .	22. VIOLENCE: If death was due to exteroal causes, fill in the following:		
17. Burial Dale thereof Dec. 4 1946 (Burlai, eremation, or removel, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Mt. View Cemetery	Where did injury occur?		
Location Sharpsburg Maryland	Injured at home, farm, industry, public place (where?)		
	Means of thiury tnjured at work?		
18. Funeral director. Edith V. Leaf	9 11 01 (1.2.0.		
Address #7 Church St. Williamsport, Md.	Mala A gran mot		
15-8 116 FOGT DAY DE	23, SIONATURE AI, D, or other		
19/2-3 19/46 Elif Voy-ex	Address har 12 2 mill pate signed 12/2/4/		



VS A15

2411 N. Charles St., Baltimore 93-30

# CERTIFICATE OF DEATH

Reg. Dist. No. 369

(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 6.0 years (If outside city or town limits, write RURAL and give			
3.(a) FULL NAME Roy Cleveland Watson 214-09-6	*		
Male White Single 20. DATE DF DEATH NOV. 14, 1946 9:	45 P.		
8.(b) Name of husband or wite	19 4 1		
8. AGE: Gears Months 9 4 It less than one day 4 Days It less than one day 4 District Write Alexander Months 1 Days			
9. Birthplace Funks to no Wash (Town, county, and state) 10. Usual occupation Furniture Finisher 11. Industry or business	ged statistically.  (State)		



86

WRITE

PLEASE

DIACE OF DEATH

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83.2

A HOUSE PROIDENCE (TICALIES) OF DECEASED

### CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH:				(For newborn infants give residence of mother)			
county ashington, ashington			***************************************				
City or town			IIRAI, and give respect town)		state ary and county Mashin ton		
How long in above place of death?			oreal and give hearest town)	City or town Harstown (If outside city or town limits,	mula TATIFAT and miss no		
Macatal Incellution	or street address where	doath accurred		7 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	write KURAL and give ne	arest town)	
Vasi	nington Co	ounty	Jail				
				2.(d) It veteran, name war	***************************************		
3. (a) FULL NA	ME				3. (b) Social Security	Number	
	EARL HLEI	MOOD	WEAVER		214-09-1	969	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Male	White	Div	orced	20. DATE OF DEATH November 2	7	.10.30	
	1						
6.(b) Name of husba	nd or wifeVille	ginia	***************************************	21. I CERTIFY that death occurred on the date above			
		6.0	e) If alive, give agoyear	19	, to	19	
7. Birth date of	Λ	-a+ 377	7000				
deceased (mo., day	y, yr.) 21 U 21	Days	1908	chr. alcoholism	***************************************	DURATION 1. YI	
8. AGE: Ye				chr. alconolism		T.y ±	
36	3	10	hrs. mir	delirium treme	ens	TWK	
9 Rirthniace	lleerstrin	o Was	hington Co. 1.	Due to.	**************************************		
				cerebral edema	***************************************		
1D. Usual occupation	Constru	iction	***************************************				
11 Industry or busin	ess Neon S	Signs		2 cute ventricula	ar fibrilla	ion	
						*** ********************	
12. Name			, <b>, , , , , , , , , , , , , , , , , , </b>	Other conditions	**************************	**	
2 13. Birthplace	Shanktow			(Include pregnancy within 8 m	onths of death)		
문 14. Malden nam	. Nellie Indian	Sterl	ing	Major findings of operations			
S 15. Birthplace	Indian	Sprin	gs lid.	- major radiagi of operations.			
n -	Nolls	107	0.1	Autopsy results. as always		7/46	
				PHYSICIAN: Please underline the cause to whi	ALLOAD ************************************		
Address Ha	gerstown	md.					
n Buria	7	Date there	eof 11/30/46 (month) (day) (year)	22. VIOLENCE: If death was the to external cause			
	on, or removal. Which?						
Cemetery or crem	atory Rose F	HillCe	netery	Where did injury occur?(City or town)	(County)	(State)	
Н Н	erestown	1.4					
				Marian Altation	Injured at work?		
18. Funeral director	Andrew	K.C	offman	Means of thinking	DEPUTY MED	CAL EXAM.	
Address Hap	erstown 1	1d.		& JA Mick IA	wells WASH. C	O. MD.	
Mal	4	1	Lead Il Bon sol	23. SIGNATONE 4		Or others	
19. /200.	30, 1846	10	Registra	Negantana	Date signed	100	
I Date rec d by	registrati		Registra	A LI ARRIVADO		The state of the s	

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

### CERTIFICATE OF DEATH

11384 Reg. Dist. No. 302

County	City or town.  (If outside on on the control of the	•••••
3. (a) FULL NAME	3. (b) Social Security No	umher
Charles F. Wm	gert 217-10-0	
4. Sex 5. Color or raca 8.(a)Singla, married, widowed, or divorced	MEDICAL CERTIFICATION	
m. W. m.	20. DATE OF DEATH. 25 NN 1946 2	1100 H
8.(b) Namo of husband or wito. Alria Welty	21. I CERTIFY that death occurred on the data above stated; That I attended decease	ed from
	Aug 5 19.46, 10. 25 MM	19.
7. Birth date of Q 2 / 6 7 0	and that I last saw harm allva on 25 Mrs	19 4 10
8. AGE: Yaars Months Days If less than one day	arterio scleriti Carolio Vascular	Lingung
67 1/ 2min.	Disease	
9. Sirthplace Waynestoro Fa.  Town, county, and state)	Dua to	************************
10. Usual occupation molder.		
5. 0 12. 1-1 I (	Due to	*******************
11. Industry or business Maryland Machine Toursey	nee	
12. Name	Dihar conditions	000101011010000000000000000000000000000
	(Include pregnancy within 3 months of death)	
14. Maidan nama	Major findings of operations.	
X 15. Birthplace	Dato of op.	
16. Interment Mrs. Charles & Wingert	Autopsy results	stistically.
Addrass Stagerstown Ind.	22. VIOLENCE: It death was dua to external causas, till in the following;	
(Burini, cremation, or regnoval, Which?)  (Burini, cremation, or regnoval, Which?)	Accident, suicide, or homicide	
Cemotary or cramatory Green Itale Cemetery	Whera did injury occur?	State)
Location Waynesboro la:	Injured at home, farm, Industry, public place (whera?)	
18. Funeral director Watter G. Store.	Msans of injury injured at work?	
Addrass Wayneshoro da.	23. SIGNATURE of the persons	
19. Nov. 26/19 4 6 Charff Bowers	M. D. or	17/2 /6



WRITE PLAINLY, is especially

PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

11385

#### CERTIFICATE OF DEATH

Reg. Diat. No. 3023

1. PLACE OF DEATH: Washington County Rural Maugansville Md.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  County  Rural  Maugansville		
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town Rural Maugansville		
How long in above place of death? 8 years	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, tostitution, or street address where death occurred:	Streel No		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Elise N. Wolfensberg	er		
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female   White   Married	20. DATE OF DEATH November 21 46 11:15a		
W.B. Wolfensberger	21. I CERUFY Wat death occurred on the date above stated: that Copyright pecased from		
6.(b) Name of husband or wife			
6.(c) It alive, give age years	-C Deed A. Nilal. Sh		
7. Birth date of February 27, 1899	and that I last saw h		
8. AGE: Years   Months   Days   It less than one day	Immedia time of death DURATION		
0. Add.	Charles Charles		
Hagerstown Wash. Md.	Due to.		
9. Birthplace (Town, county, and atate) House Wife			
10. Usual occupation	Bunda () / /		
11. Industry or business Own Home	gue to		
12. Name Edward W. Brewer  13. Birthplace St Faul's Wash Md.	Dther conditions		
≥ 13. Birthplace DU TRUL S WAST MACE	(Include pregnancy within 3 months of death)		
E 14. Maiden name Clara B. Henneberger			
14. Maiden name. Clara B. Henneberger Hagerstown Md.	Major findings of operations.		
≥ 15. Birthplace	Date of op.		
16. Informant Mr. W.B. Wolfensberger	Autopsy results		
Address Hagerstown Rt. 6	PHYSICIAN: Please underline the casts to which death should be charged statistically.		
Paris 27 11-24-46	22. VIOLENCE: It death was due to external causes, till the tollowing:		
	Accident, suicide, or homicide.		
Di. Fauls	Where did Injury occur?		
Gemetery or crematory	(City or town) (County) (State)		
Near Clearspring Md.	Injured at home, farm, Industry, public place (whee?)		
Scott F. Minnich & Son	Means of Injury Injured at work?		
18. Funeral director Hagers town Md.	ED Whan no		
Address	2 / LA Clacky MIN		
MAT 23 111 6400H13-100A	23. SIGNATURE		
19. (Duta rec'd by registrar)  Registrar	Address y a company and found ,		
(Date to a D) to Storiet)	Mariness		

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2411 N. Charles St., Baltimore 170-0

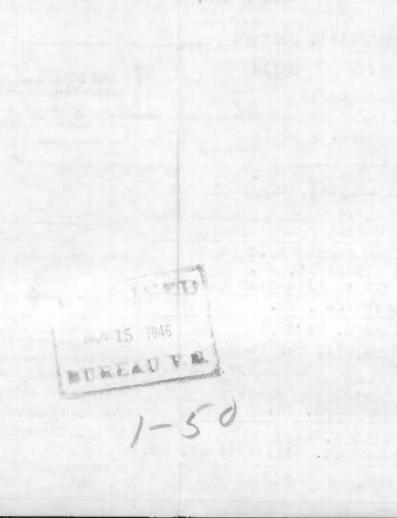
#### CERTIFICATE OF DEATH

11386 Reg. Dist. No. 3020

1. PLACE OF DEATH: County Washington County Hagerstown Md				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State Maryland County Washington		
City or town Hagerstown Md. (If outside city or town limits, write RURAL end give nearest town)			URAL end give nearest town)	City or town Williamsport, Md.	808 000 00 000 000 000 × × 500 0 70 000	
How long in above place Hospital, Institution, or	of death? 8. D.C	ut3	hrs.	(If outside city or town limits, write RURAL and give no	areat town)	
Hospital, Institution, or	street address where	Heara occurre	ofor.	Street No. Fenton Ave.		
washing	ton Gour	ty cho	ut 3 hrs.	None (If rural, give LOCATION)		
			₩₩	2.(a) If veteran, name war	** 1	
3. (a) FULL NAM	E			3. (b) Social Security	Number	
Larry	Mansfie			None		
4. Sax	5. Color or raco	6.(a)Sing	e. married, widowed, or divorced	MEDICAL CERTIFICATION	2	
Male	White	ch	ild	20. DATE OF DEATH NOV. 9 #6	9.10	
8.(b) Name of husband	or wife ch	ild		21. I CERTIFY that death occurred on the date above stated; that I attended dec		
			c) If alive, give ageyears			
7. Birth date of		9 19		and that I last saw halive on		
deceased (mo., day.)		Days	if less than one day	Immediate cause of death	DURATION	
o. Adz.		Day -				
5 yrs	2	1	hrs,min.			
9. BirthplaceWi	lliamspo	rt M	aryland state)	Due to	3000	
10. Usual occupation	Child			Bu- A		
11. Industry or busines	Chila			JEG TO	***************************************	
	lliam Fin	ene W	olford	A	***	
12. NameW.1	Williams	ont	MA	Other conditions		
13. Birthplace	TITIE	Tlane	beth Martin	(Include pregnancy within 3 months of death)		
14. Malden name.	Dorthea	PIIZE	ine on mar orm	Major findings of operations	3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
S 15. Biribolace	dagerstov	vn, Mo	•		000000000000000000000000000000000000000	
14. Maiden name.	lliem E.	Wolfe	rd	Autopsy results. 200	000000000000000000000000000000000000000	
10. Infoliant				PHYSICIAN: Please underline the cause to which death should be charge	d statistically.	
	liamspor			22. VIOLENCE: If doath was due to external causes fill in the following:	4 - 11.	
Buria.	n, or removal, Which	. Date the	reof Nov. 13 1946	Accident, suicide, or homicide	ov, 9-46	
(Burial, cremation	n, or removal, Which	naman Ca		Whose did lawry occur? Williamyrost- Wo	ark. Will	
Cemetery or cremat	Greenla	awii ot	MI G G G L J	(City or town) (County)	(State)	
Location	lliamspo	I. P. MIC	L •	lajured at homo, farm, industry, public place (where?)	2	
	Edith V	Lea	f	Means of Injury of were acquired at work?		
18. Funeral director	Church S	t. Wi	lliamsport, Md.		MEDICAL EXAM	
Address TT	VIIGI DI	7	7/1/0	23. SIGNATURE DE LINE WASH	H. CO., MD.	
nov. 13 46 - Chast Bower			hast boower		Nov.12.46	
19	4	min	Powietros	Rate signet	1000,12	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and logibly.



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

# CERTIFICATE OF DEATH

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Div	B.T.	30	2	0

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newbore infants give residence of mother)		
County Washington County Hagerstown Md.				State Maryland County Washington		
City or town Hagerstown Md. (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)			
How long to above place of death?				City or town W. illiam.s.por.t.	s, write RURAL and give nea	rest town)
				Street No. Salisbury Street		
Washington County Hospital  How long to hospital or institution? 32 days				(If rural, give LOCATION)		
	tiltution?W.2.		***************************************	2.(a) If veteran, name war. None		
3. (a) FULL NAME		-			3. (b) Social Security	Number
	Emory				220-09-	9220
	. Color or race		, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Di	vorced	11/11/11		5-3.7
	Samala	Non	7.	20. DATE OF DEATH. SALES		
B.(b) Name of husband or v	wife Sarar	MOOI	e Zimmerman	21. I CERTIFY that death occurred on the date abo		
7. Birth date of		B. (c	) If alive, give egeyears	1/19/00 19	ric leth !!	
deceased (mo., day, yr.)	Aug. 2	26 190	)3	and thet I last saw had lealive on	1. 11	
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death.	······	DURATION
43	2	17	hrsmin.	The state of the s	a a constant of	byers
9. Birthplace Mills	stone Ma	1		falle appetition	GMUSTUS Z	
9. Birthplace	(Town, o	ounty, and s	tate)	Due to Od		- 6
10. Usual occupation. G	overnmen	at Ho	seing Project	The state of the s	Land The There was the same of	3004
11. Industry or business				Due to	***************************************	
到 12. NameCle1						V
				Other conditions	••••••••••••••••••••••••••••••	************************
13. Birthplace Big				(Iociude pregnancy within 3 r	months of death)	
至 14. Malden name			ımpower			
15. Birthplace B	ig Poole	e Md.		Major fiadings of operations		· · · · · · · · · · · · · · · · · · ·
16. Informant Mrs.	. George	e Wol:	fe		Date of op	
Address Willia	amsport	Md.		PHYSICIAN: Please onderline the cause to wi		etatietically.
TD				22. VIOLENCE: tf death was due to external cau	ses. fill in the following:	
Burial (Burial, cremation, or		Date there	of Nov. 14 1946 (mooth) (day) (year)	Accident, suicide, or homicide	The second second	
(Burisi, cremation, or	Rivery	ew C	emetery			
Cemetery or crematory Riverview Cemetery Williamsport, Maryland				Where did injury occur?(City or town)	(County)	(State)
Forgitali	· · · · · · · · · · · · · · · · · · ·		Arand	injured at home, farm, industry, public place (wi	here?)	
18. Funerat director Ed	ith V.	Leaf		Means of Injury	tnjured at work?	
#7 Church St. Williamsport, Md.			iamsport, Md.	NS.	Tarre	
Address 10 mg 1100 all			1.160	23. SIGNATURE.	M. D. o	£
19. 1200, 65	1 1946	DA	all Bolowy	(11:211:0. 10/	1 M. D. o	or other
(Date rec'd by registr	ar)		Registrar	Address	Date signed	1. 2



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